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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

COUNTY BOROUGH OF SWANSEA.

ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

FOR THE YEAR

1950

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To The Mayor, Aldermen and Councillors of the County Borough of Swansea.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1950. This report covers my first full year as the Medical Officer of Health.

As comments on the various services provided during the year are contained in the body of the report, this preface is limited to making a few comments on some of the more salient features regarding the year.

The live birth rate for the year was 15.7 per 1,000, and although less than that for 1949, is nevertheless above the average of the pre-war years 1936 - 1939.

The number of still births registered during the year - 58 and the rate - 0.36 per 1,000 ~~is~~ are the lowest recorded for the Borough.

The number of infant deaths registered during the year - 84 is the lowest recorded and the rate of 33.1 per 1,000 live births is the second lowest rate achieved by the authority. The infant death rate during the last ten years has been more than halved.

With respect to infectious diseases, the most disturbing feature of the year was the incidence of anterior poliomyelitis which was 29.7 per 100,000 persons living. This rate compares with a rate of 14.7 cases per 100,000 persons living for Wales, 1950 and 15.0 per 100,000 for England and Wales in 1947, the peak epidemic year. I am glad to be able to state that 50% of the cases had no paralysis and there was only one death. However, to record a more pleasant note, there was no case of diphtheria for the second year in succession. During the last five years, there have been only 26 cases of diphtheria, 16 of these in respect of the age group under 15 years of age, compared with 1,590 and 1,212 for the previous five years. There has only been one death in the last five years (child not immunised) compared with 75 for the previous five years. The value of diphtheria immunisation is therefore obvious.

Tuberculosis figures for the year are very encouraging. With better diagnostic facilities available, including Mass Miniature Radiography, one would reasonably expect the number of notifications to increase. It is gratifying to record that this is not the case; the number of notifications for the year is the lowest recorded for the authority and the same may be said of deaths. Prior to World War II, the Borough was making good progress in its fight against tuberculosis, such progress being confirmed by statistical findings of notifications and deaths. However, during war time, such progress as had been made was lost, as is always to be expected when a nation is making a grim fight for its existence and salvation. However, the setback was only temporary and not as serious as might be really expected in view of the general overcrowding evident in the town after the serious "blitz," coupled with the prevailing conditions associated with total war. There are now signs of a consolidation of the pre-war progress and it is hoped that the incidence and number of deaths will be further reduced as medical science progresses, and B.C.G. is introduced.

Referring to the care of mothers and young children, evidence of the good work undertaken by this service is found in the lowest rate recorded for still births and the second lowest rate for infant deaths. Whilst it is pleasing to mention such progress, I regret that I have to draw your attention to the unsatisfactory conditions prevailing in the dental service provided for the care of mothers and young children. This was to be a priority service undertaken by the Local Health Authority, but you are all well aware of conditions which have led to a country wide mass exodus of public health dental officers into private practice. The remaining dental officers on our staff have worked ungrudgingly against overwhelming odds in an effort to overcome staff deficiencies but they have found it to be an impossible task. This problem will remain until a clear policy is laid down and guidance given by the Ministry. The number of mothers and children examined during the year - 572, compares with 570 during the previous year and the comparative figures for the number treated are 479 and 487. However, during 1950, 367 were made dentally fit whereas the figure for 1949 was 119.

With respect to the midwifery service, there is evidence of a declining number of domiciliary cases and an increasing number of hospital cases. However, the average duration of stay of hospital cases ranges from 10 - 12 days, which means that the midwives are called in to attend these cases post-natally after their discharge from hospital. This offsets to some extent, the decrease in work occasioned by the diminishing number of domiciliary cases.

During the year the authority, in common with most of the local health authorities, experienced difficulty in filling health visitors posts. At the end of 1950, there were 27 employed, 5 less than at the end of the previous year. After the demands of clinic work and the school health service, there was little time available to those health visitors to undertake community work. Instead of being enabled to undertake increased functions as was prescribed in the National Health Service Act, 1946, they have found it exceedingly difficult to cope with the duties as they existed before the Act came into force. Until such time as it is possible to recruit more health visitors, the extended functions may possibly have to remain in the background.

The District Nursing Service continues to be in much demand which appears to be an indication of efficiency attained by the service and the appreciation of both the general practitioner and the public.

During the year more patients were carried by the ambulance service than the previous year, but the number of journeys and the mileage was less, due to the better deployment of vehicles and as a result of Section 24 of the National Health Service (Amendment) Act, 1949. Under this Section arrangements were made with several adjacent Local Health Authorities, that they would arrange their own ambulance transport to transport patients discharged from hospital within three months of their admission thereto. It is also gratifying to note that we are continuing to receive letters from patients and relatives in which they convey their grateful thanks for the splendid arrangements and facilities afforded to them by this service.

The Home Help Service expanded despite difficulties of recruiting suitable staff. The demand for home helps was very heavy and considerably exceeded the help that it was possible to give. There is, however, no doubt that this service meets a long felt social need.

With respect to the National Assistance (Welfare) Services, efforts were directed to improve the administration of a new service of which the department had previously little experience, the immediate improvement of the limited existing residential and temporary accommodation for the aged and infirm and other persons in urgent need of such accommodation and the long term planning of new or adapted homes for the aged and infirm. The immediate improvements were made in Mount Pleasant Hospital (the old Poor Law Institution) a Joint User Institution under the control of the Glantawe Hospital Management Committee. The long term planning was in respect of five premises purchased for adaptation, work on three of which had been commenced by the end of the year. It is hoped that "Earlsmoor," one of the Homes, would be opened by July, 1951 and at the time of printing this report, this was a fact.

With respect to environmental services, I have to report that work was commenced on the new Impounding Reservoir on the River Usk and it is hoped that water will be available from this source in 1955. The public water supply, both as a result of chemical and bacteriological analysis, was generally found to be quite satisfactory throughout the year.

Referring to Public Cleansing, the refuse destructor was closed during the year and the refuse is now disposed of by controlled tipping. These tips are inspected by the department and appropriate action taken when considered necessary.

The first stage roadworks of the Town Reconstruction Scheme were completed during the year and progress made on the second stage.

Attention was also given to the improvements required in Public Conveniences and a programme of works was undertaken.

Good progress was maintained with the House Construction Programme and by the end of the year, 3,195 houses had been completed since 1946.

With the new milk legislation coming into force and the wholehearted co-operation of the milk traders, the standard of dairy premises in the Borough has reached a very high standard.

In conclusion, it is evident from the above comments that we can look back on 1950 as a year of progress. However, there is still much work to be done, which will call for great efforts from us all to ensure that the standards of health and hygiene of the Borough are maintained and eventually improved.

I again wish to record my indebtedness to the Chairman, Alderman D.J. Fisher and members of the Health Committee for their interest and support in our common endeavours to be of service to the citizens of Swansea. I also wish to express my gratitude to the Deputy Medical Officer, Dr. R. Glenn, the Lay Administrative Officer, Mr. T.L. James and the Chief Sanitary Inspector, Mr. D.F. Jones, for their ungrudging support and zeal and to all the members of the staff for their loyalty and consciencious application to their duties.

Acknowledgements.

To give a general picture of the standard of health, sanitary circumstances and the environmental health services of the Borough, it has been necessary for the heads of several departments to contribute short reports on the services administered by their respective departments. These contributions and their co-operation I gratefully acknowledge. I also desire to tender my thanks to Mr. Stanley Dixon for his report on the analytical work undertaken during the year and the Secretary of the Glantawe Hospital Management Committee, who has supplied the statistics on hospitals.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

E.B. MEYRICK,

Medical Officer of Health.

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HEALTH COMMITTEE.

* His Worship The Mayor.
(Alderman W.G. Rees, J.P.)

* Chairman:
Alderman D. J. Fisher.

* Vice-Chairman:

Councillor Dr. T.C. Mort.

* Alderman T.R. Davies.
" F.A. Gorst.
" A. Morgan.
* Councillor A.R. Ball.
" D.F. Bevan.
* " Mrs. R. Cross.
* " W. Dewitt.

Councillor R. Gronow.
* " Dr. L.W. Hefferman.
* " Mrs. E. Jones.
" Dr. I.H. Jones.
" F. Shail.
" D.W.P. Williams.

* These members constitute the Health
Standing Sub-Committee.

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COUNTY BOROUGH OF SWANSEA.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health:

E.B. MEYRICK, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

Deputy Medical Officer of Health:

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

Lay Administrative Officer:

T.L. JAMES, C.R.S.I.

Medical Staff - Whole-Time Assistant Medical Officers:

Gwyneth Ellis, M.B., B.S.
M. Prosser, M.R.C.S., L.R.C.P.
M.M. Coughlan, M.B., B.Ch., B.A.O.
G.M. Thomas, B.Sc., M.B., B.Ch., D.R.C.O.G.
N.G. Richards, B.Sc., M.B., B.Ch., D.C.H.
M.J.A. Davies, B.Sc., M.B., B.Ch.

Assistant Medical Officers:

Medical Staff - Temporary Part-Time:

G. Madel, M.R.C.S., L.R.C.P.
G.M. Medlicott, B.Sc., M.B., B.Ch.
L.A. Knowlson, B.Sc., M.D., Ch.B., D.C.H., D.P.H.
J. Griffiths, M.R.C.S., L.R.C.P., D.P.H.

Consultant Officer - Part-Time:

Ophthalmologist:

F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.

Dental Staff - Whole-Time:

Senior Dental Surgeon:

Herbert N. Tiplady, L.D.S.

Senior Assistant Dental Surgeon:

J. F. Herbert, L.D.S.

Dental Staff - Part-Time:

J.L.P. Rees, L.D.S.

Three Dental Attendants.

Consulting Veterinary Surgeon:

D.E. Pugh, M.R.C.V.S.

Public Analyst:

Stanley Dixon, M.Sc., F.I.C.

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Sanitary Inspectors:

Chief Sanitary Inspector:

D.F. Jones, C.R.S.I., Meat and Other Foods Certificate.

Senior Assistant Sanitary Inspector:

D.H. Jones, C.R.S.I., Meat and Other Foods Certificate.

Twelve Assistant Sanitary Inspectors.
One Disinfestation Officer.

Health Visitors and School Nurses.

Superintendent Health Visitor & School Nurse:

Miss M.E.I. Davies, S.R.N., S.C.M., H.V.C.

Twenty-seven Health Visitors and School Nurses.

Scabies Treatment Centres:

Two Nursing Assistants.

Orthopaedic Staff.

Senior Orthopaedic Nurse:

Constance Thurston, C.S.M.M.G., M.E.

One Assistant Orthopaedic Nurse.
Five Surgical Boot Repairers.

Municipal Midwifery Service.

Medical Supervisor of Midwives:

Gwyneth Ellis, M.B., B.S.

Lay Supervisor of Midwives:

M.A. Arthur, S.R.N., S.C.M.

Sister Midwife:

R.J. Ratcliffe, S.R.N., S.C.M.

Twenty-one full-time District Midwives.
One temporary part-time Relief Midwife.

District Nurses.

Superintendent District Nurse:

Miss I.M. Davies, S.R.N., S.C.M., Q.N.

Eighteen full-time District Nurses.
Four temporary part-time Relief Nurses.

Domestic Help Supervisor:

Mrs. M. Williams-James.

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MENTAL HEALTH SERVICE.

G.G. WILLIAMS, S.R.N., S.R.F.N., S.C.M., Cert. of R.M.P.A.			Senior Supervising & Authorised Officer.
S. DANIELS.	...	...	Assistant Supervising and Authorised Officer.
L.J. TRAFFORD.	...	...	do.
S.G. WEBBER.	...	...	Superintendent - Industrial Centre.
A.J. PENHORWOOD.	...	...	Assistant do. - do.
E. GOODWIN.	...	...	Superintendent - Occupation Centre.
M.E. GREY.	...	...	Assistant do. - do.
G. EVANS.	...	...	Assistant do. - do.

ADMINISTRATIVE AND CLERICAL.

Chief Clerk:

S. F. Fisher.

ADMINISTRATIVE ASSISTANTS.

Health.	Welfare.	Finance.
J.H. Smith, A.C.C.S.	T.H. Edwards, D.P.A.	H. G. Austin.

BLIND WELFARE OFFICER.

V. Scrivener, Certificated Home Teacher.

37 Clerks and Typists.

STAFF CHANGES.

Consequent upon the resignation of Dr. Idwal Pugh, Dr. R. Glenn was appointed to the post of Deputy Medical Officer of Health and commenced duties on the 1st January, 1950.

Dr. M.J.A. Davies was appointed Assistant Medical Officer in February, 1950. Owing to the shortage of medical staff, Dr. L.A. Knowlson and Dr. G. Madel undertook part-time work during the whole year in connection with Infant Welfare, Ante-Natal and Mental Health Clinics.

Mr. J.L.P. Rees continued throughout the year as a part-time Dental Surgeon. Miss A.M. Ellis and Miss M.E. Carpenter were appointed Dental Attendants and commenced duties on the 20th November, 1950 and the 4th December, 1950 respectively. Miss M.W.E. Morgan relinquished her appointment on the 31st May, 1950 and Miss D. Dalkins on the 31st August, 1950. Miss E. Strawford was transferred to the Clerical Staff in September, 1950.

Mr. J. Ivor Rees, Assistant Sanitary Inspector, resigned on the 13th May, 1950 on taking up an appointment with the Swansea Port Health

Authority. Mr. E.J. Crosby was appointed Assistant Sanitary Inspector and commenced duties on the 20th November, 1950.

Miss M.E.I. Davies, Chief Assistant Health Visitor and School Nurse was appointed to the post of Superintendent Health Visitor and School Nurse in succession to Miss M. Preston who resigned in January, 1950. Miss Megan Williams was appointed Health Visitor and School Nurse and commenced duties on the 17th July, 1950. Miss D.A.E. Mead retired on the 11th October, 1950 after 30 years service as Health Visitor and School Nurse and Miss S.E. Rees was transferred to the staff of the Glantawe Hospital Management Committee on her appointment as Nurse-in-Charge of the Auxiliary and Gynaecological Clinic.

Mrs. K.M. Davis was appointed to the post of Domiciliary Midwife and commenced duties in July, 1950.

Miss E.P. Lewis was appointed to the post of District Nurse in succession to Miss M.B. Roach and commenced duties on the 5th June, 1950.

GENERAL STATISTICS.

Area of the Borough in acres excluding Foreshore ...	22,057
Area of the Borough in acres including Foreshore ...	24,241
Population 1931 Census	164,797
Population Mid-1950 Registrar General's Estimate ...	161,700
No. of occupied structurally separate dwellings, Census 1931 ...	34,850
No. of inhabited houses, according to Rate Books 1950 ...	40,189
No. of dwelling houses connected to water supply 1950 (Estimated) ...	39,989
No. of persons per occupied structural separate dwellings, Census 1931 ...	4.7
No. of persons per house 1950 (Estimated) ...	4.0
No. of persons per acre 1950	7.3
Rateable Value - Consolidated Rate, 1st April, 1950 ...	£1,042,972.
Sum represented by a Penny Rate - Nett ...	£4,089.

POPULATION, BIRTHS AND DEATHS.

Population.

The mid-year population supplied by the Registrar General is 161,700 an increase of 1,600 or 1% over the 1949 figure. This population figure represents the home population (i.e. it includes members of the Armed Forces stationed in the area) and it is the figure upon which the birth and death rates are based.

The natural increase in the population during the year was 587.

The population for 1950 is the highest since 1936, when the mid-year population was then estimated at 164,100.

During the years immediately prior to the second world war, i.e. 1937 to 1939, the population figure remained static at 161,100, which is 600 less than that of the figure for the year under review. From 1939 to 1943, i.e. during war time, the population dropped to 137,000 and this was partly due to the "call up" and the transfer of the workers to other local authorities' areas. From 1944 when the population was 138,090, the figure has steadily increased to 161,700. It is interesting to note that the highest population figure recorded for Swansea was during the years 1933 and 1934, when it was 165,500.

I would not like to express an opinion as to the future trend of population in Swansea for apart from the birth and death rate trends, it is so closely linked up with the industrial activity in the area. Perhaps the 1951 census will give some indication of this!

Births.

The number of live births registered during the year was 2,541, a rate of 15.7 per 1,000. The comparative figures for 1949 were 2,713 and 16.9. The rate has therefore decreased and it is also less than that for England and Wales - 15.8, and the 126 county boroughs and great towns - 17.6, but nevertheless, it is higher than the average for the immediate pre-war years 1936 to 1939.

The number of still births registered is 58, a rate of 0.36 per 1,000 of the population compared with the rate of 0.50 for 1949. The 1950 rate is less than the comparative figures for England and Wales and the 126 county boroughs and great towns at 0.37 and 0.45 respectively. The number of still births and the still birth rate is a new low record for Swansea and compares with 69 births and a rate of 0.44 which were the lowest figures previously recorded during the year 1948.

Deaths - All Causes.

The deaths given in the table on Page 14 are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948.

The number of deaths registered during the year was 1,954, a rate of 12.1 per 1,000, which compares with a rate of 11.6 for England and Wales and 12.3 for the 126 county boroughs and great towns. The comparative figures for Swansea for 1949 were 1,984 and 12.4 respectively. The number of male deaths 1,028 was higher than that for female deaths 926, and is roughly in the same proportion as 1949. Incidentally, the deaths include those members of the Armed Forces who were stationed in the area. The over 65 age group represented 60% of the total deaths compared with 59% for the previous year, whereas the deaths under one year represented 4.3%, 1-4 years 0.8%, 5-14 years 0.9% and the total deaths under 15, 6.0%. For 1949 the comparative figures were 6.1%, 1.3% ,0.9% and 8.3% respectively.

With respect to certain causes of death, the total deaths from Tuberculosis were 85, 72 respiratory and 13 non-respiratory, the lowest total ever recorded. The combined death rate of 0.53 per 1,000 is also a new low rate but is nevertheless higher than that for England and Wales - 0.36 and the 126 county boroughs and great towns - 0.42.

Deaths from malignant neoplasms (Carcinoma) totalled 330 (nearly one a day) and represented approximately 17% of the total deaths. The highest group of deaths were in respect of heart diseases, viz. 603 or 31% of the total. Malignant neoplasms and heart diseases combined are responsible for nearly half of the total deaths registered during the year.

Infant and Neo-Natal Deaths.

There were 84 deaths under one year of age, a rate of 33.1 per 1,000 live births compared with 45 for 1949. The rate of 33.1 was higher than that of England and Wales - 29.8 per 1,000 related live births, but lower than the 126 county boroughs and great towns - 33.8. The rate of 33.1 is the second lowest recorded for the Authority and the actual number of deaths the lowest recorded. Deaths of infants under 4 weeks totalled 53, 63% of the total deaths under one year of age. For 1949, the figures were 71 and 58%.

During the last 10 years the number of infant deaths has been reduced by nearly one half, whereas the death rate has decreased by 54% from 71 per 1,000 live births to 33 per 1,000 live births.

Deaths from Enteritis and Diarrhoea under 2 years.

The number of deaths from enteritis and diarrhoea under 2 years was 2, giving a rate of 0.8 per 1,000 live births. The comparative rate for 1949 was 4.42. The 1950 rates for England and Wales and the 126 county boroughs and great towns were 1.9 and 2.2 respectively.

Child Mortality.

The total number of deaths of children under five years of age was 100, compared with 147 for 1949. There were 38 less deaths in the age group 0-1 year and 9 less between one and four years. The rate per 1,000 population for 1950 was 0.6 compared with 0.9 for 1949. During the last 10 years, deaths in this group have shown a substantial decrease from 259 per annum to 100 in this year, a drop of 61% and the rate has decreased from 1.8 per 1,000 population to 0.6 per 1,000 population. The reduction is common to both age groups 0-1 years and 1-4 years.

Maternal Deaths.

The number of maternal deaths during the year was 4, a rate of 1.53 per 1,000 total (live and still) births, compared with a rate of 0.86 for England and Wales. During 1949, there were 3 deaths for a rate of 1.07. The deaths for the year were classified as under:-

Abortion with sepsis	1
Other Abortion	1
Complications of pregnancy and delivery ...	1
Sepsis of childbirth and the puerperium ...	1

BIRTHS AND DEATHS REGISTERED DURING THE YEAR.

BIRTHS.

LIVE.

	Total.	Legitimate.	Illegitimate.
Males ...	1,285	1,251	34
Females ...	1,256	1,214	42
TOTAL ...	2,541	2,465	76

STILL.

Males ...	32	32	–
Females ...	26	23	3
TOTAL ...	58	55	3

ALL BIRTHS.

2,599	2,520	79

DEATHS.

INFANTS UNDER ONE YEAR OF AGE.

Males ...	47	46	1
Females ...	37	36	1
TOTAL ...	84	82	2

INFANTS UNDER FOUR WEEKS OLD.

Males ...	32	31	1
Females ...	21	20	1
TOTAL ...	53	51	2

x DEATHS ALL CAUSES.

Males ...	1,028
Females ...	926
TOTAL -	1,954

MATERNAL DEATHS.

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x The figure for deaths include those members of the Armed Forces who were stationed in the area.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1950.

In the following tables the rates are based on home population figures (i.e. including members of the Armed Forces stationed in the area).

	England and Wales	126 County Boroughs & Great Towns (including London).	148 Smaller Towns (Resident Population 25,000 - 50,000 at 1931 Census.)	London Administrative County	Swansea
	Rates per 1,000 Home Population.				
BIRTHS.					
Live births	15.8	17.6	16.7	17.8	15.7
Still births	0.37	0.45	0.38	0.36	0.36
DEATHS.					
All Causes	11.6	12.3	11.6	11.8	12.1
Typhoid and Para-typhoid ...	0.00	0.00	0.00	0.00	-
Whooping Cough	0.01	0.01	0.01	0.01	0.02
Diphtheria	0.00	0.00	0.00	0.00	-
Tuberculosis	0.36	0.42	0.33	0.39	0.53
Influenza	0.10	0.09	0.10	0.07	0.21
Smallpox	-	-	-	-	-
Acute poliomyelitis (including polioencephalitis) ...	0.02	0.02	0.02	0.01	0.00
Pneumonia	0.46	0.49	0.45	0.48	0.35
NOTIFICATIONS (CORRECTED).					
Typhoid fever	0.00	0.00	0.00	0.01	-
Paratyphoid Fever ...	0.01	0.01	0.01	0.01	-
Meningococcal infection ...	0.03	0.03	0.02	0.03	0.01
Scarlet Fever	1.50	1.56	1.61	1.23	2.69
Whooping Cough	3.60	3.97	3.15	3.21	2.07
Diphtheria	0.02	0.03	0.02	0.03	-
Erysipelas	0.17	0.19	0.16	0.17	0.20
Smallpox	0.00	0.00	-	-	-
Measles	8.39	8.76	8.36	6.57	9.77
Pneumonia	0.70	0.77	0.61	0.50	0.49
Acute poliomyelitis (including polioencephalitis) - ...					
Paralytic ...	0.13	0.12	0.11	0.08	0.01
Non-Paralytic ...	0.05	0.05	0.06	0.05	0.01
Food poisoning	0.17	0.16	0.14	0.25	0.00
DEATHS.		Rates per 1,000 Live Births.			
All Causes under 1 year of age	29.8(a)	33.8	29.4	26.3	33.1
Enteritis and diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	0.8
NOTIFICATIONS (CORRECTED).	Rates per 1,000 Total (Live and Still) Births.				
Puerperal fever and pyrexia ...	5.81	7.43	4.33	6.03	6.16

International List No. and Cause.	MATERNAL MORTALITY IN ENGLAND AND WALES. Rates per 1,000 Total (Live and Still) Births.	Rates per million women aged 15 - 44.	SWANSEA. Rates per 1,000 Total (Live and Still) Births.
651. Abortion with sepsis.	0.09	7	0.38
650, 652. Other abortion.	0.05	4	0.38
640-649, 670-678. Complication of pregnancy and delivery.	0.54	———	0.38
681. Sepsis of childbirth and the puerperium.	0.03		0.38
680, 682-689. Other complications of the puerperium.	0.15		-
TOTAL ...	0.86		1.53

(a) per 1,000 related live births.

MAIN CAUSES OF DEATH SUPPLIED BY THE REGISTRAR GENERAL, CLASSIFIED ACCORDING TO AGE GROUPS & SEX.

Cause of death.	Sex	AGE GROUPS. Under 1	1-	5-	15-	25-	45-	65-	75-	Total in Sexes	Total each Cause
Tuberculosis - respiratory	M.	-	1	1	4	12	22	6	1	47	72
	F.	-	-	-	2	15	5	3	-	25	
" - other	M.	-	1	1	-	3	2	-	-	7	13
	F.	1	3	-	1	-	1	-	-	6	
Syphilitic disease	M.	1	-	-	-	-	5	1	-	7	12
	F.	-	-	-	-	-	3	1	1	5	
Diphtheria	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	
Whooping Cough	M.	1	-	1	-	-	-	-	-	2	3
	F.	1	-	-	-	-	-	-	-	1	
Meningococcal infection	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	
Acute poliomyelitis	F.	-	1	-	-	-	-	-	-	1	1
Measles	F.	1	-	-	-	-	-	-	-	1	1
Other infective and parasitic diseases ...	M.	-	-	-	1	-	1	1	3	3	5
	F.	-	-	1	-	-	-	-	1	2	
Malignant neoplasms, stomach	M.	-	-	-	-	1	9	9	5	24	58
	F.	-	-	-	-	1	10	12	11	34	
" " lung, bronchus	M.	-	-	-	-	1	44	13	2	60	63
	F.	-	-	-	-	-	1	1	1	3	
" " breast	F.	-	-	-	-	1	14	7	3	25	25
" " uterus	F.	-	-	-	-	-	9	2	4	15	15
Other malignant and lymphatic neoplasms ...	M.	-	-	-	-	6	31	29	36	102	169
	F.	-	-	-	1	4	28	21	13	67	
Leukaemia, aleukaemia	M.	-	-	-	-	-	4	-	1	5	7
	F.	-	-	-	1	1	-	-	-	2	
Diabetes	M.	-	-	-	-	-	1	-	1	2	15
	F.	-	-	1	-	-	1	8	3	13	
Vascular lesions of nervous system	M.	-	-	-	-	-	26	32	36	94	214
	F.	-	-	-	-	2	28	48	42	120	
Coronary disease, angina	M.	-	-	-	-	2	44	52	31	129	219
	F.	-	-	-	-	1	24	41	24	90	
Hypertension with heart disease	M.	-	-	-	-	-	7	9	6	22	56
	F.	-	-	-	-	-	12	4	18	34	
Other heart diseases	M.	-	-	-	1	5	20	39	70	135	328
	F.	-	-	-	-	9	32	47	105	193	

Cause of Death.	Sex	AGE GROUPS.								Total in Sexes	Total each Cause
		Under 1	1-	5-	15-	25-	45-	65-	75-		
Other circulatory diseases	F.	-	-	-	-	2	4	5	20	31	53
	M.	-	-	-	1	1	5	6	9	22	
Influenza	M.	1	-	1	1	2	4	6	5	20	34
	F.	-	-	-	1	-	2	3	8	14	
Pneumonia	M.	7	-	-	-	3	7	7	8	32	57
	F.	4	-	-	-	-	4	5	12	25	
Bronchitis	M.	1	-	-	-	1	28	24	19	73	114
	F.	1	-	-	-	1	6	14	19	41	
Other diseases of respiratory system	M.	1	-	-	-	1	4	8	3	17	22
	F.	1	-	-	-	1	-	-	3	5	
Ulcer of stomach and duodenum	M.	-	-	-	-	2	7	3	-	12	15
	F.	-	-	-	-	1	1	-	1	3	
Gastritis, enteritis and diarrhoea	M.	1	-	-	-	-	-	-	2	3	8
	F.	1	-	-	-	-	-	2	2	5	
Nephritis and nephrosis	M.	-	-	-	-	3	5	1	2	11	26
	F.	-	-	-	-	1	5	4	5	15	
Hyperplasia of prostrate	M.	-	-	-	-	-	2	4	9	15	15
Pregnancy, childbirth, abortion	F.	-	-	-	-	4	-	-	-	4	4
Congenital malformation	M.	4	2	1	-	1	1	-	-	9	17
	F.	5	-	1	-	1	-	1	-	8	
Other defined and ill defined diseases	M.	30	1	1	1	5	25	22	37	122	231
	F.	22	2	-	-	5	13	15	52	109	
Motor vehicle accidents	M.	-	1	2	1	2	2	-	2	10	16
	F.	-	1	1	-	3	-	-	1	6	
All other accidents	M.	-	2	3	4	6	11	4	2	32	47
	F.	-	1	3	-	-	1	5	5	15	
Suicide	M.	-	-	-	-	1	5	3	1	10	18
	F.	-	-	-	-	2	4	1	1	8	
Homicide and operations of war	M.	-	-	-	-	1	-	-	-	1	1
Total in Sexes	M.	47	8	11	14	59	322	279	288	1028	
	F.	37	8	7	6	55	208	250	355	926	1,954
TOTAL ALL GROUPS		84	16	18	20	114	530	529	643	-	
Each age group male as per cent total males ...		4.6	.8	1.0	1.4	5.7	31.3	27.1	28.0	-	-
Each age group female as per cent total females ...		4.0	.9	.8	.6	6.0	22.4	27.0	38.3	-	-
Each age group as per cent of total deaths ...		4.3	.8	.9	1.0	5.8	27.1	27.1	32.9	-	-

DEATHS OF INFANTS UNDER ONE YEAR OF AGE, CLASSIFIED ACCORDING TO AGE, SEX AND CAUSE OF DEATH, AS SUPPLIED BY THE REGISTRAR GENERAL.

Cause of Death.		Under 1 day	1- 6 days	1 wk.	2 wks	3 wks	Total under 1 mth	1- 2 mths	3- 5 mths	6- 8 mths	9- 11 mths	Total 1-11 mths	GRAND TOTAL
Syphilis	M.	-	-	-	-	-	-	1	-	-	-	1	1
Hernia Intestinal Obstruction.	M.	-	-	-	-	-	-	-	1	1	-	2	2
	F.	-	-	-	-	-	-	-	1	-	-	1	1
Influenza	M.	-	-	-	-	-	-	-	1	-	-	1	1
Measles	F.	-	-	-	-	-	-	-	-	-	1	1	1
Whooping Cough	F.	-	-	-	-	-	-	-	-	-	1	1	1
Tuberculosis - Non-Respiratory.	F.	-	-	-	-	-	-	-	1	-	-	1	1
Pneumonia	M.	-	-	-	-	-	-	-	4	3	-	7	7
	F.	-	-	-	-	-	-	3	1	-	-	4	4
Bronchitis	M.	-	-	-	-	-	-	1	-	-	-	1	1
	F.	-	-	-	-	-	-	-	1	-	-	1	1
Gastro Enteritis and Diarrhoea.	M.	-	-	-	-	-	-	1	-	-	-	1	1
	F.	-	-	-	-	-	-	-	-	1	-	1	1
Congenital Malformation.	M.	1	1	-	-	1	3	1	-	-	-	1	4
	F.	-	1	1	-	-	2	1	1	1	-	3	5
Injury at Birth.	M.	1	2	-	-	-	3	-	-	-	-	-	3
Other Diseases of Early Infancy.	M.	10	11	3	1	-	25	-	-	-	-	-	25
	F.	11	5	1	-	1	18	1	-	-	-	1	19
All Other Causes.	M.	-	1	-	-	-	1	1	-	-	-	1	2
	F.	1	-	-	-	-	1	-	-	2	-	2	3
TOTAL ALL Causes.	M.	12	15	3	1	1	32	5	6	4	-	15	47
	F.	12	6	2	-	1	21	5	5	4	2	16	37
TOTAL INFANTS.		24	21	5	1	2	53	10	11	8	2	31	84
Proportion per cent in each group		28.6	25.0	6.0	1.2	2.3	63	11.9	13.1	9.5	2.3	37	100

THE NUMBER OF DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE, WITH THE PROPORTION OF ALL DEATHS AND THE RATE PER 1,000 PERSONS ALIVE FOR THE PERIOD 1941 - 1950.

Year.	Number of Deaths.			Total deaths all ages.	Rate per cent of total deaths.	Population.	Rate per 1,000 population.
	Under one year.	One and under 5.	Total.				
1941.	156	103	259	2,405	10.8	143,550	1.8
1942.	150	43	193	1,883	10.5	139,000	1.4
1943.	117	30	147	1,832	8.0	137,000	1.0
1944.	104	30	134	1,738	7.7	138,090	0.9
1945.	102	20	122	1,756	6.9	139,950	0.9
1946.	86	19	105	1,789	5.8	148,940	0.7
1947.	148	24	172	1,966	8.7	152,290	1.1
1948.	113	21	134	1,753	7.6	158,000	0.8
1949.	122	25	147	1,984	7.4	160,100	0.9
1950.	84	16	100	1,954	5.1	161,700	0.6

VITAL STATISTICS FOR THE PERIOD 1941 - 1950.

Year.	Population estimated to middle of each year.	REGISTERED BIRTHS.				REGISTERED DEATHS.									
		Live.		Still.		Belonging to the District and supplied by the Registrar General for the calendar year.									
						Infant.		Diarrhoea & Enteritis under 2 yrs.		Child Mortality under 5 yrs.		Maternal.		All Ages.	
		Number	Rate (a)	Number	Rate (a)	Number	Rate (b)	Number	Rate (b)	Number	Rate (a)	Number	Rate (c)	Number	Rate (a)
1941 ...	143,550	2,116	14.74	83	0.58	156	71	9	4.35	259	1.8	3	1.36	2,405	16.75
1942. ...	139,000	2,437	17.53	97	0.70	150	61	8	3.28	193	1.4	8	3.00	1,883	13.19
1943 ...	137,000	2,414	17.62	80	0.58	117	48	9	3.73	147	1.0	4	1.60	1,832	13.37
1944 ...	138,090	2,639	19.11	75	0.54	104	39	6	2.27	134	0.9	4	1.47	1,738	12.58
1945 ...	139,350	2,271	16.23	76	0.54	102	45	4	1.76	122	0.9	2	0.85	1,756	12.54
1946 ...	148,940	2,915	19.60	86	0.58	86	30	7	2.40	105	0.7	3	1.00	1,789	12.00
1947 ...	152,290	3,350	22.00	100	0.65	148	44	11	3.28	172	1.1	5	1.45	1,966	12.90
1948 ...	158,000	2,868	18.10	69	0.44	113	39	12	4.18	134	0.8	2	0.68	1,753	11.10
1949 ...	160,100	2,713	16.90	80	0.50	122	45	12	4.42	147	0.9	3	1.07	1,984	12.40
1950 ...	161,700	2,541	15.70	58	0.36	84	33	2	0.80	100	0.6	4	1.53	1,954	12.10

(a) Rate per 1,000 population.
(b) Rate per 1,000 live births.
(c) Rate per 1,000 all births (live and still).

INFECTIOUS DISEASES.

The number of cases notified during the year was 2,574, which figure was less than that of the previous year - 2,690. The greatest number of cases was in respect of Measles (1,508), a similar position to that of 1949 when there were 1,552 measles cases.

Scarlet Fever was responsible for the next highest number of cases 434 and this was also similar to the position for the previous year when there were 509 Scarlet Fever cases.

The case rates for the following Infectious Diseases were less than the rates for England and Wales and the 126 county boroughs and great towns:-

Typhoid.
Para-Typhoid.
Meningococcal Infection.
Whooping Cough.
Diphtheria.
Acute Poliomyelitis (including Polio-encephalitis).

The case rates for Scarlet Fever, Erysipelas and Measles were higher than those for England and Wales and the 126 county boroughs and great towns, and in the case of Puerperal Fever, the rate for the Borough was less than that for England and Wales but greater than the rate for the 126 county boroughs and great towns.

60.1% of the total cases were notified in the under 5 age group; 33.6% in the 5-14 age group and 6.3% in the age group over 15 years. From this it will be observed that 93.7% of the Infectious Diseases occurred in children under 15 years of age and the comparative figure for 1949 was 92.9%. The sex distribution of the total cases was - males - 49.7%; females - 51.3%, a proportion very much similar to that of the previous year.

During the year, 397 cases were transferred to hospital for treatment and of these, 209 were in respect of Scarlet Fever. The comparative figures for 1949 were 357 and 173 respectively.

Scarlet Fever.

The number of notified cases for the year was 434, a case rate of 2.69 per 1,000 persons living, which was higher than that for England and Wales - 1.50 and also higher than that for the 126 county boroughs and great towns - 1.56. The comparative number of cases notified in 1949 was 509. Of the 434 cases notified, there were less males than females, which is similar to the position for 1949. 209 cases were removed to hospital for treatment.

The average number of cases notified over the last 10 years has been 309.4.

Diphtheria.

For the second year in succession, there was no notified case of Diphtheria.

Further information on this disease will be found in the section on Artificial Immunity.

Whooping Cough.

334 cases were notified during the year, an attack rate of 2.07 per 1,000 people living, compared with 3.60 for England and Wales and 3.97 for the 126 county boroughs and great towns. Of the notified cases, 12 were removed to hospital.

During the year, three children died from this disease, compared with six for last year. The fatality rate was 0.9% as compared with 1.37% for 1949.

The average number of notifications over the last 10 years is 312.7.

Measles.

The number of cases notified during the year was 1,580, giving an attack rate of 9.77 per 1,000 living people, which is higher than the comparative rates for England and Wales and the 126 county boroughs and great towns being 8.39 and 8.76 respectively.

Of the number of notified cases, 72 were removed to hospital. During 1949, there were 1,552 cases, of which 49 were removed to hospital.

Over the last 10 years, the average number of notifications has been 1,097.5.

For the last 8 years, this disease has run in two-year cycles but 1950 has proved the exception for instead of a decreasing number of notifications as was expected, the notifications for the year were even higher than that for the previous year. One child under 1 year of age died from this disease, as compared with 6 in 1949. The fatality rate was 0.06% as compared with 0.39% for 1949.

Anterior Poliomyelitis (including Polio-encephalitis).

A comparison between Swansea & Wales during 1950.

During 1949 it was realised that a large number of cases were appearing and the Ministry decided to try and gain information on each case so that at the end of the year it might be possible to build up a useful picture of poliomyelitis during the period. To do this, a questionnaire was forwarded to the medical officer of health which was returned completed. This procedure was again followed during 1950 and the following results show the picture for Swansea during 1950 in relation to that of Wales, the figures for Wales being quoted from the monthly bulletin of the Ministry of Health.

Incidence of Anterior Poliomyelitis.

Based on the latest available population figure for Wales the incidence in 1950 was 14.7 cases per 100,000 living, which almost reached the rate for the peak epidemic year of 1947 when the rate was 15.0 cases per 100,000 living.

The comparable figures for Swansea are 29.7 cases per 100,000 living during 1950 (48 cases, population 161,700) and 20.4 per 100,000 living in 1947 (31 cases, population 152,290).

It should therefore be observed that, whereas the incidence in Wales during 1950 was less than the peak epidemic year, 1947, in Swansea the incidence was greater by nearly half.

The following table shows the incidence in age groups for Swansea during the years 1947, 1949 and 1950. The incidence is shown per 1,000 of the Registrar General's estimated population as it is felt that this gives a clearer picture where the population is divided into age groups.

AGE GROUP	Under 5 years.			Under 15 years.			15 years and over.			All Age Groups.		
YEAR	No. notified	Estimated Population	Incidence per 1,000	No. Notified	Estimated Population	Incidence per 1,000	No. Notified	Estimated Population	Incidence per 1,000	No. Notified	Estimated Population	Incidence per 1,000
1947	14	11,970	1.2	25	33,960	.7	6	118,330	.05	31	152,290	.20
1949	21	12,990	1.6	28	35,130	.8	2	124,970	.02	30	160,100	.19
1950	25	13,630	1.9	36	35,800	1.0	12	125,900	.10	48	161,700	.30

It will be observed from the above table that the incidence in 1950 is higher than the previous years selected, but I would not like to generalise on the trend as the period from which observations are taken is too small.

The number of notifications for each of the years 1947, 1949 and 1950 is shown below.

Year	AGE GROUPS.														Grand Total
	Under 1	1	2	3	4	Total under 5	5-	10-14	Total under 15.	15-	20-	35-	45 and over	Total. M.	Total. F.	
1947	3	5	2	2	2	14	6	5	25	-	4	2	-	15	16	31
1949	1	7	7	4	2	21	6	1	28	2	-	-	-	18	12	30
1950	2	6	9	6	2	25	9	2	36	1	9	1	1	30	18	48

Sex Distribution.

The sex distribution for Wales, 1950 is given as males 223 cases 59%, females 157 cases 41% and these figures closely represented the proportions for 1947, viz. males 57%; females 43%.

The following table gives the sex distribution for Swansea for the years 1947, 1949 and 1950.

Year	Males.		Females.	
	No. of cases.	% of total cases	No. of cases.	% of total cases
1947	15	48.4	16	51.6
1949	18	60.0	12	40.0
1950	30	62.5	18	37.5

In 1947, the proportion of males in Swansea was lower than Wales, but for 1950 it was higher.

It will also be observed that in Swansea the proportion of males has increased from the year 1947, whereas for Wales there has been little significant change.

Chronological Distribution of all Cases.

Month.	Number of Cases.			
	Wales.		Swansea.	
	1949	1950	1949	1950
January	-	7	-	3
February	-	6	-	1
March	2	5	-	1
April	4	2	-	1
May	1	8	-	-
June	7	14	-	4
July	25	50	-	6
August	27	103	-	13
September	26	76	5	8
October	35	68	9	6
November	22	31	8	4
December	12	10	8	1

The peak month in Wales during 1950 was August, whereas this was delayed until October in 1949, and this equally applied to Swansea. During 1950, cases were notified in Swansea for each month with the exception of May, and the notifications in the early months of the year indicated the probability of a high incidence which was substantiated by later figures.

Chronological Distribution of Paralytic & Non-Paralytic Cases - Swansea.

Month.	1949.		1950.	
	Para	Non-Para	Para	Non-Para
January	-	-	3	-
February	-	-	1	-
March	-	-	1	-
April	-	-	1	-
May	-	-	-	-
June	-	-	4	-
July	-	-	3	3
August	-	-	2	11
September	2	3	3	5
October	6	3	4	2
November	6	2	2	2
December.	6	2	-	1

It is worth recording that during the peak months of August and September, 1950, 16 of the 21 cases notified were of the non-paralytic type. It should also be stated that the full diagnostic ritual is performed for all these cases and that the increase is not therefore due to abortive notifications. In fact, 85 cases were investigated during the year but the diagnosis was confirmed in 48 only.

Ages of Patients.

Incidence of Age Groups.		Swansea.			Wales.	
Age.	Number of Patients.	% of Total.				
Under 1	2	4.2	52.1	75.0	40.3	70.5
1	6	12.5				
2	9	18.8				
3	6	12.5				
4	2	4.2				
5 - 9	9	18.8	22.9		30.2	
10 - 14	2	4.2				
15 - 19	1	2.1		25.0		29.1
20 - 34	9	18.8				
35-44	1	2.1				
45 & over	1	2.1				

More than half of the cases in Swansea were in the under five age group and the under 15 age group represented threequarters of the cases. These are higher proportions than Wales as will be seen from the table.

The comparative proportions per cent for the years 1949 and 1950 is shown below. 1947 is also included for Swansea.

	Wales.		Swansea.		
	1950	1949	1950	1949	1947
Under 5 years	40	58	52	70	45
Under 15 years	71	81	75	93	81
Over 15 years	29	19	25	7	19

During 1950, 29% of the cases in Wales occurred in persons over 15 years of age. This may not denote a trend but the 1950 distribution showed a distinct change insofar as the incidence occurring in older age groups increased. The point of highest incidence in both years remained in the 5 - 9 group.

For Swansea there is also indication of a trend to attack older patients. In 1947, the peak year for the country, the over fifteen years age group totalled 19% of the cases. In 1949, the figure decreased to 7% but in 1950, the figure jumped to 25%, the highest figure so far recorded.

In 1950, the point of highest incidence occurred in three age groups, viz. 2 years, 5 - 9 years and 20 - 34 years, but it should be noted that whereas the 5 - 9 group had 9 cases or 18.8% of the total, the under 5 group had 25 cases or 52.1% of the total.

In 1949, the highest incidence was in the age groups 2 years and 3 years, in each case 23.3% of the total.

Overcrowding.

For Swansea, there was some evidence of overcrowding in six instances out of 48 cases (12.5%) as follows:-

No. of Persons in Home.	No. of Sleeping Rooms.	
6	2	) Two cases were diagnosed
6	2	) in this household.
7	2	
8	1	
13	3	
15	5	

It is interesting to record that only in one of these cases was there any paralysis.

For Wales, there was some evidence of overcrowding in 22 instances out of 380 cases (6%).

Recent Family Illness.

In only two cases in Swansea was there a report of recent family illness - in the first case a sister had tonsillitis 2 - 3 weeks before the onset and in the second, the wife had influenza seven days previous to onset.

More than one notification in the same household.

There were three instances (particulars below) in which there were more than one case notified from the same household. For Wales the figure was eight.

Number in same household affected.	Date Notified	Age	Sex	Diagnosis.
3.	1.8. 1.8. 5.8.	3 2 4	F. F. M.	Non-Paralytic. " " " "
2.	8.8. 10.8.	23 24	F. F.	" " " "
2.	3.8. 12.8.	30 22	M. M.	" " " "

Recent Surgical Operations including Tonsillectomy.

The only evidence of recent surgical operation was in respect of a female of 6½ years whose tonsils were removed in June. In this case the date of onset was given as the 12th August when the patient complained of a stiff neck and there was a rise in temperature. The case was notified on the 16th August and finally diagnosed as non-paralytic.

For Wales, there was no evidence of recent tonsillectomy.

Relation to Diphtheria Immunisation.

There was no history of recent immunisation, but for Wales there were nine cases with such a history.

Degree of Paralysis.

An analysis of the degree of paralysis in respect of the Swansea patients is shown below:-

	M.	F.	Total.	% of Total.
Severe. ...	4	-	4	8.5
Moderate to severe.	4	3	7	14.6
Moderate. ...	7	4	11	23.0
Slight. ...	1	1	2	4.0
No. with paralysis.	16	8	24	50.0
Non-paralytic cases.	14	10	24	50.0
TOTAL ...	30	18	48	

It will be observed that 50% of all cases were non-paralytic. The figure for Wales is 27%. The proportion per cent of male cases with some form of paralysis is 33.3% of the total cases, whereas the figure for females is 16.7%. No figures are available for Wales.

It is also interesting to record that in the twelve notified cases, over fifteen years of age (seven males and five females) only two cases, both males, developed paralysis, one a schoolboy who was moderately paralysed, the other a farmer, aged 47 years, who was severely paralysed in both legs and abdominal muscles.

A lower limb was involved in 17 cases representing 35.4% of all cases compared with 39% for Wales.

Incidence of Paralysis in Chronological Distribution.

No figures are available for Wales but the following table relates to Swansea for the years 1949 and 1950. It is very interesting to note that during 1950, 10 cases were notified during the first six months of the year, all of which were paralytic, whereas during the period of the outbreak and to the end of the year, 38 cases were notified and only 14 were paralytic.

Monthly Incidence.	1949.					1950.				
	Para.		Non-P.			Para.		Non-P.		
	M.	F.	M.	F.	Total	M.	F.	M.	F.	Total
January	-	-	-	-	-	2	1	-	-	3
February	-	-	-	-	-	1	-	-	-	1
March	-	-	-	-	-	1	-	-	-	1
April	-	-	-	-	-	-	1	-	-	1
May	-	-	-	-	-	-	-	-	-	-
June	-	-	-	-	-	4	-	-	-	4
July	-	-	-	-	-	1	2	3	-	6
August	-	-	-	-	-	2	-	8	3	13
September	2	-	2	1	5	1	2	2	3	8
October	2	4	2	1	9	3	1	1	1	6
November	3	3	1	1	8	1	1	-	2	4
December	4	2	2	-	8	-	-	-	1	1
TOTAL ...	11	9	7	3	30	16	8	14	10	48

Polioencephalitis and Poliomyelitis.

Of the 48 patients, 2 were diagnosed as polioencephalitis, 4.1% of the cases. One of these died. For Wales the comparative figures are 19 diagnosed, being 5% of the total cases and of the 19, 10 died.

Deaths.

One patient died representing a case fatality rate of 2.1%. The figures for Wales are 21 and 5.5% respectively.

Summary.

Wales.	Swansea.
1. The incidence of anterior poliomyelitis in Wales in the year 1950 was almost as great as the peak high incidence year of 1947. The incidence was 14.7 per 100,000 living.	1. The incidence of anterior poliomyelitis in Swansea for the year 1950 was higher than the year 1947, which was the year of peak incidence for the country. The incidence was 29.7 per 100,000 living.
2. The rate of incidence was greater in rural areas as it had been in 1947.	2. ---
3. Males were attacked more often than females, i.e. in 59% of cases. This too, followed the experience of 1947.	3. Males were attacked more often than females which is the opposite of the experience in 1947.
4. About 29% of cases were in persons over 15 years of age but the highest incidence fell in the age group 5 to 10 years. Compared with 1949, the tendency was to attack older people.	4. 25% of the cases were in persons over 15 years of age. There were three age groups with nine notified cases in each, viz. the two year olds, 5-9 years and 20-34 years. Compared with 1949 and 1947, more people over the age of 15 years were attacked.

Wales.	Swansea.
5. There was no evidence of overcrowding or indifferent sanitary conditions to be implicated in causation or spread of the disease.	5. Similar to Wales.
6. In only eight instances out of 380 cases was there evidence of more than one case occurring in the same household.	6. There was evidence of more than one case occurring in the same household in three instances.
7. Fatigue was mentioned in twenty-six instances but six of these patients died.	7. ---
8. Nine of the 380 patients had been recently immunised against diphtheria or against diphtheria and whooping cough. Cases are given where local trauma may have been a predisposing cause of determining the site of paralysis and it is thought this relationship requires wider observation.	8. There was no case of recent immunisation.
9. The most frequent early symptoms of the disease were headache, pain in a limb or part eventually affected, general malaise, nausea or vomiting, feverish cold - in that order. In 1949 the same order was found.	9. ---
10. In 39% of all cases a lower limb was involved.	10. In 35% of all cases a lower limb was involved.
11. The degree of paralysis was described as severe in 18%, moderate in 29% and slight in 23% of cases. 27% of all cases were non-paralytic.	11. The degree of paralysis was described as severe in 8.5%, moderate to severe in 14.6%, moderate in 23% and slight in 4%. 50% of the cases had no paralysis.
12. 5% of all cases were diagnosed as polioencephalitis but these provided 48% of all deaths.	12. 4.1% of the cases were diagnosed as polioencephalitis but one of these cases provided the only death.
13. Twenty-one deaths occurred in 380 patients, a death rate of 8.1 per million living. The case fatality of the disease was 5.5%.	13. One death occurred in 48 patients, a death rate of 6.2 per million living. The case fatality was 2.1%.

In conclusion, although the incidence in Swansea was twice as heavy as that for Wales during 1950

(a) The proportion of cases over 15 years of age was less.
(b) The proportion of paralysed cases was less.
(c) The proportion of cases in which a lower limb was involved was less.
(d) The death rate was lower; and
(e) The fatality rate was lower.

Number of Infectious Diseases Notified during the year, classified by Disease, Sex & Age Group.

DISEASE.	Sex	CASES NOTIFIED IN AGE GROUPS.													Total in Sexes	Total for each disease.	No. trans. to Hospital.	No. nursed at Home.
		Under 1 yr.	1	2	3	4	5-	10-	15-	20-	35-	45-	65 & over	Age unknown				
Scarlet Fever.	M.	2	8	24	29	16	81	37	8	3	2	1	-	-	211	434	209	225
	F.	-	6	5	23	27	93	46	12	8	2	1	-	-	223			
Diphtheria.	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Ophthalmia Neonatorum.	M.	3	-	-	-	-	-	-	-	-	-	-	-	-	3	7	1	6
	F.	4	-	-	-	-	-	-	-	-	-	-	-	-	4			
Erysipelas.	M.	-	-	-	-	-	-	-	-	5	-	10	6	-	21	33	14	19
	F.	-	-	-	-	-	-	-	-	2	-	6	4	-	12			
Puerperal Pyrexia.	F.	-	-	-	-	-	-	-	2	11	3	-	-	-	16	16	13	3
Pneumonia.	M.	6	1	1	4	2	8	1	1	1	1	13	8	-	47	80	17	63
	F.	6	-	2	2	2	4	1	1	-	3	6	6	-	33			
Meningococcal Infection.	M.	1	-	-	-	1	-	-	-	-	-	-	-	-	2	2	2	-
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Dysentery.	M.	-	1	-	2	3	8	-	-	2	1	-	-	-	17	36	8	28
	F.	-	2	3	3	-	3	1	3	3	-	1	-	-	19			
Whooping Cough.	M.	24	20	41	21	31	26	2	1	-	-	-	-	-	166	334	12	322
	F.	20	24	31	23	33	34	3	-	-	-	-	-	-	168			
Typhoid Fever.	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Para-typhoid Fever.	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Acute Infective Encephalitis.	M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Measles.	M.	44	94	118	147	131	235	8	2	-	-	-	-	-	779	1,580	72	1,508
	F.	45	70	136	119	161	261	3	3	2	-	-	1	-	801			
Poliomyelitis - Paralytic.	M.	-	4	4	3	1	1	1	1	-	-	1	-	-	16	24	24	-
	F.	1	1	3	1	-	1	1	-	-	-	-	-	-	8			
Poliomyelitis - Non-Paralytic.	M.	1	-	-	1	1	6	-	-	5	-	-	-	-	14	24	24	-
	F.	-	1	2	1	-	1	-	-	4	1	-	-	-	10			
Malaria.	M.	-	-	-	-	-	-	-	-	3	-	1	-	-	4	4	1	3
	F.	-	-	-	-	-	-	-	-	-	-	-	-	-				
TOTAL (in Sexes)	M.	81	128	188	207	186	365	49	13	19	4	26	14	-	1,280	2,574	397	2,177
	F.	76	104	182	172	223	397	55	21	30	9	14	11	-	1,294			
TOTAL IN EACH GROUP.		157	232	370	379	409	762	104	34	49	13	40	25	-	2,574	2,574	397	2,177

Number of Cases of Infectious Diseases Notified during the Period 1941 - 1950.

Disease.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	Average.
Scarlet Fever.	83	174	261	313	155	149	328	688	509	434	309.4
Diphtheria.	850	352	231	122	35	14	10	2	-	-	161.6
Ophthalmia Neonatorum.	9	14	7	29	30	31	44	21	19	7	21.1
Erysipelas.	24	19	27	24	19	11	17	40	38	33	25.2
Puerperal Pyrexia.	19	26	29	39	43	42	40	30	29	16	31.3
Pneumonia.	117	96	71	95	111	73	76	53	69	80	84.1
Meningococcal Infection.	128	39	22	25	6	9	5	3	4	2	24.3
Dysentery.	3	3	3	22	53	56	28	33	1	36	23.8
Whooping Cough.	232	241	264	272	207	265	343	530	439	334	312.7
Typhoid Fever.	-	-	1	-	-	2	-	-	-	-	0.3
Para-typhoid Fever.	1	-	1	2	-	3	-	-	-	-	0.7
Acute Encephalitis (Infective).	-	-	-	-	-	-	-	-	-	-	.
Measles.	234	580	1797	340	1891	48	2471	482	1552	1580	1097.5
Poliomyelitis.	2	1	-	-	3	2	31	11	30	48	12.8
Malaria.	-	-	-	-	-	1	2	-	-	4	0.7
TOTAL ...	1702	1545	2714	1283	2553	706	3395	1893	2690	2574	2105.5

TUBERCULOSIS.

Tuberculosis is a preventable disease, and the presence or absence of which in a community becomes one of the chief indices of the efficiency of public health work. Whilst it is most encouraging to record that there has been a substantial reduction in the number of deaths from tuberculosis in England and Wales from 1913 when nearly 50,000 people died from the disease to 1949, when the number was 19,721, yet there is still no occasion for complacency and there is much preventive and after-care work to be done.

The number of deaths from pulmonary and non-pulmonary tuberculosis in England and Wales for the years 1947 to 1949 (latest available figure) are as follows:-

Year	WALES.			ENGLAND AND WALES.		
	Pulmonary	Non-Pulmonary	All forms	Pulmonary	Non-Pulmonary	All forms
1947	1,467	260	1,727	19,753	3,322	23,075
1948	1,398	209	1,607	18,798	2,867	21,665
1949	1,401	172	1,573	17,388	2,333	19,721

Of the deaths due to non-pulmonary tuberculosis it is estimated that about 24% of them are due to the drinking of raw milk infected with the bovine strain of the tubercle bacillus. This is indeed a very sad reflection on preventive measures, for it is obvious that, if the raw milk had been free from the infection, about 600 lives in England and Wales would have been saved in 1949. In Wales deaths from the bovine strain of the tubercle bacillus are correspondingly lower than in England due to the fact that in Wales about 22% of the dairy cattle are attested herds as against nearly 6% in England.

Bovine Tuberculosis - Eradication.

It is said that about 40% of all cattle in England, Wales and Scotland are tuberculous - that is, they give a positive tuberculin reaction, and that the incidence of tuberculosis of the udder is about 0.5% of all cattle. This is a bad state of affairs.

Ideally all reactors should be slaughtered but this is not a practical proposition, as the country cannot afford it, and neither is the country large enough to accommodate large separate herds.

In 1935 Spalinger conducted experiments in giving prophylactic vaccine (B.C.G.) to calves so as to protect them against tuberculosis (Ministry of Agriculture, Government of Northern Ireland, Report on Spalinger Experiments 1935) and although evidence was brought to bear to show that newly born healthy calves developed a resistance to tuberculosis when vaccinated with B.C.G., it was obvious that once a calf was so immunised the tuberculin test conducted later was unable to demonstrate whether the animal was infected or not, owing to an anaphylactic reaction developing.

However, this field of investigation may prove eventually to be worthy of adoption in the case of young healthy calves.

In the meantime, we are still faced with the immediate problem of minimising the number of reactors and thereby the danger of tuberculous milk, and towards this end I would suggest:-

(a) That all cattle be subjected to a clinical examination every three months, and tuberculin testing every six months. A grossly infected animal will spread the disease before the animal itself is detected.

(b) That all animals showing clinical evidence of the disease be slaughtered. I fear that this is not always done, when farmers are allowed to sell their cattle at marts or to some neighbouring farmer without divulging any knowledge of the cow's condition, that is, whether it is a reactor or not. Not all farmers today are worthy judges of cows, and perhaps too often yield of milk outweighs the physical qualities or condition of the beast.

To obviate and overcome this state of affairs, legislation should be introduced:-

(i) to make it illegal to sell cattle except at marts in the presence of a Government Veterinary Surgeon, who would subject every animal to a clinical examination and a tuberculin test. If any animal has been lately tested, that is, within the past three months, a certificate to that effect must be shown at the time of sale.

(ii) all cattle showing clinical evidence of the disease to be slaughtered forthwith.

(iii) all reactors discovered at places of sale should be first impounded in fields set aside for this purpose. Here the beasts are kept under close observation~~s~~, and any developing clinical evidence of tuberculosis slaughtered.

Those animals which become negative reactors and remain so for 6-9 months should be allowed to return to the healthy herds. The milk of all these cattle so impounded should be subjected to sterilisation, in order to make absolutely certain that no living tubercle bacilli will be present in the milk sold to the public.

(c) All cattle introduced into the country should be examined and tuberculin tested; any showing signs of tuberculosis or are reactors should not be allowed to enter.

(d) That more definite legislation is required regarding the standards of cowsheds. Too many are still unsatisfactory, especially during the winter months, when one often finds the ventilation completely closed and windows dirty, and the animals appear to be living in perpetual darkness. Lack of fresh air and poor lighting may be potent factors in causing tuberculosis. Separate drinking troughs should be provided for each animal; this is, unfortunately, not always the case.

With regard to actual milking, the teats of all the cows are often wiped with the same cloth rinsed out in a bucket of water, without replenishing the water for each cow. This can be a dangerous practice and may be a great source of the spread of the disease, and every effort should be made to stop this practice.

(e) Whilst we are much concerned about tuberculous cattle, we ought not to be unmindful of another potential danger, and that is the tuberculous handler of milk. Under existing legislation it has to be proved that any person suffering from pulmonary tuberculosis is infectious before he can be prevented from handling milk. To prove that such a person is infected is indeed extremely difficult, in fact one has to prove that milk handled by him has become infected by him.

To overcome these difficulties it is suggested that milk handlers be tuberculin tested (Mantoux) and all positive reactors X-rayed. Those with positive X-ray findings should be excluded from handling milk; whilst all tuberculin negative handlers, on the other hand, should receive B.C.G. vaccination.

On first consideration this procedure would seem to interfere with a person's liberty, yet on close inspection of the facts it will be realised that it would be a matter for the person's welfare and the country's good.

(f) Regarding pasteurisation, Wilson points out (Pasteurisation of Milk) that examination of 1,439 samples of pasteurised milk taken from London, Manchester, Sheffield and Liverpool during the years 1934 to 1936 showed no evidence of the presence of tubercle bacilli, yet much of the milk before pasteurisation was infected with the organisms.

Wilson also drew attention to thermal effects on the tubercle bacillus, and these are appended thus:-

Temperature.	Time taken to kill the bacillus.
138°F.	30 minutes.
145°F.	5 - 10 minutes.
150°F.	2 - 5 minutes.
160°F.	12 seconds.

Clearly then if pasteurisation is carried out by either the Holder method (145° to 150°F. for at least 30 minutes) or by the H.T.S.T. (162°F. for at least 15 seconds), that the temperature and time factors are such as to have a lethal effect on the organism.

With modern thermostats the time lag factor of the recorder has been reduced to a minimum, so that the possibility of tubercle bacilli escaping death is remote, but not absolute I agree.

During pasteurisation, however, the enzyme phosphatase is destroyed at a higher temperature than that which kills the tubercle bacillus, and hence if no phosphatase is found during the testing of milk samples, one can safely say that the tubercle bacillus has been killed.

Finally I am of the opinion that all milk should be from Tuberculin Tested herds and pasteurised.

So far the preventive measures against the bovine strain of the tubercle bacillus have been discussed, but what of the human strain which is practically responsible for nearly all cases of pulmonary tuberculosis (98%)? We know that 17,388 died from the pulmonary form of the disease in England and Wales during the year 1949, but do we know the numbers of sufferers, the spreading or dissemination of the disease, which is so silent in its onset?

Notifications of the cases give us a measure of the incidence but until the hard core of the unknown sufferers is tapped, the disease is likely to go on and on. Granted, the death rate has declined remarkably since records have been kept, and with the passing of the more recent years, there have been great and wonderful strides in medical and surgical therapy, which has undoubtedly greatly reduced the mortality of the disease, yet can one be fully satisfied with what is being done on the preventive approach to the problem.

Whilst the battle is still being waged by the contestants for and against the divorcement of the Tuberculosis Service from the Public Health Services of the Local Health Authorities, what is needed is the utmost co-operation of all concerned. The treatment and hospitalisation of the sick is the responsibility of the Regional Hospital Boards, and the prevention of the disease that of the Local Health Authority.

To begin with, one excellent means we have at our disposal in the prevention of pulmonary tuberculosis is the Mass Miniature Radiography Unit, which really should be part of the Public Health Services, for by it large numbers of the community can be examined with the minimum loss of time and disturbance. Unfortunately, however, there are only about 50 such units available in England and Wales, and it is stated that as a result only approximately 10% of the population can be examined in any one year. With the economic cuts which the Regional Hospital Boards are faced, it seems likely that this number 50 will not be increased by them. However, if such a service were taken over by one or more local health authorities acting individually, the burden of the Boards would be reduced, and each authority or joint authority could establish such a service, and thereby the respective population of the local authorities could be catered for the whole year round.

Whilst fully appreciating that the numbers of the community which attend for examination when the Mass Miniature Radiography Unit visits a locality are small, its frequent visitation and greater publicity and propaganda would overcome the resistance of the people in being afraid to know themselves the state of their health. Only the other day a conversation of two housewives was overheard concerning Mass Miniature Radiography, when one said she didn't believe it and the other remarked "What's the use if they do find T.B., they can't find you a bed, so why go." Whilst there was some measure of truth in the last statement, what isn't appreciated so much by the public is that anybody having the disease in its early stages stands an excellent chance of being cured, and it is on this note that great emphasis should be stressed in propaganda and publicity features.

With the introduction of B.C.G. inoculation against the tubercle bacillus, another great step has been taken in the prevention of the disease. This is another responsibility of the local health authority, but before this service can be instituted it is necessary to ascertain the number of susceptibles in the community. This can only be performed by tuberculin testing surveys, and such surveys can be done in two ways.

A person who is found to be suffering from pulmonary tuberculosis should be admitted to a sanatorium or hospital, whilst his children and wife should be tuberculin tested. If they are tuberculin negative, they should be immunised with B.C.G.; if positive, they should be X-rayed and kept under observation until it isdefinite that no danger exists.

In schools the children should be tuberculin tested, and those who are tuberculin positive should be examined and kept under observation by the Chest Physician, whilst home contacts are visited by the Health Visitor and referred to the Chest Clinic. All tuberculin negative children should be immunised with B.C.G., especially school leavers for it is the 15-35 group which is more liable to the infection.

In the advent of the tuberculous parent not being removed to hospital, the susceptibles should be boarded out and immunised. For these people it may be necessary for the Local Authority to either establish a residence for this purpose or to make arrangements for the child to stay at a home where there is no infection. Some Local Health Authorities have already instituted such arrangements.

By these means much can be accomplished in the battle against the disease, yet there are other considerations equally important, and one of these is hospitalisation of the sick. There are without doubt too many victims waiting admittance for the number of beds available. It is stated that there are about 11,000 peoplewaiting admission to sanatoria in England and Wales, and there are about 4,000 beds not in use due to the shortage of nurses. To contemplate building more sanatoria with a bed vacancy of 4,000 is not a feasible proposition; yet more beds are certainly needed. In the first place what can bedone to staff these hospitals with vacant beds? More pay for such work might be the answer and possibly a recruitment campaign might be necessary, with the added conviction that nurses who are fully protected need not fear the disease.

However, with the great reduction in the incidence of other infectious diseases greater use might be made of Infectious Diseases hospitals for tuberculous cases or even the Smallpox Hospitals which Regional Hospital Boards have ceased to maintain since, the take-over in July, 1948.

Another problem is housing. In itself overcrowding does not cause the disease but, if present in one member of the household, its spread amongst the other members can easily occur, and, if such a person is subsequently admitted to a sanatorium, what are his chances when he returns to the same household? He obviously breaks down again; clearly then, once a case of tuberculosis has occurred in an overcrowded dwelling, rehousing is essential and certainly before his return from the sanatorium.

When the breadwinner of the household becomes the sufferer, his mental rest so clearly needed for his recovery is greatly disturbed, according to his financial circumstances, by the paucity of his allowances, and it is felt that these should be increased. Again many a husband, though he has the disease, continues at work for he fears the financial difficulties which might occur to his family. Here then is a source of infection to family and workmate alike which cannot be removed under such circumstances.

By the failure of having people admitted to hospital, the onus of assisting the family falls greatly on the shoulders of the Local Health Authority, and the task is made all the greater in that the number of domestic helps who volunteer to work in tuberculous households being so few, and it seems the days are passed when relations filled the breach in times of difficulties. The solution is more beds, and there certainly should be provision in hospital for the chronic bedridden incurable.

The after-care of these people is the responsibility of the Local Authority, but it is felt that, before the discharge of the patients from sanatoria, that a period of time should be spent in adapting himself for work and to ascertain the kind of work for which he is best fitted, for this reason it has been suggested that a Rehabilitation Centre should be allocated to each sanatoria.

Having discussed at some length the overall picture of the problem of tuberculosis, it is pleasing to note that the number of notifications and deaths from pulmonary tuberculosis for the year 1950 are the lowest ever recorded, as are also the number of deaths from all causes of tuberculosis. Accordingly, it is appropriate to consider the general trend of tuberculosis in Swansea over the last 20 years.

NOTIFICATIONS.

(See Overleaf.)

NOTIFICATIONS.

The following table shows the number of annual notifications in age groups and sexes, classified for respiratory and non-respiratory tuberculosis for the period 1931 - 50.

Year	RESPIRATORY.												NON-RESPIRATORY.											
	AGE GROUPS.												AGE GROUPS.											
	Male.				Female.				Both.			TOTAL	Male.				Female.				Both.			TOTAL
	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total
1931	18	119	29	166	31	131	11	173	49	250	40	339	27	17	5	49	17	11	-	28	44	28	5	77
2	22	97	34	153	19	108	11	138	41	205	45	291	21	14	3	38	23	11	1	35	44	25	4	73
3	25	98	34	157	13	87	18	118	38	185	52	275	17	5	1	23	23	16	1	40	40	21	2	63
4	16	98	40	154	18	66	13	97	34	164	53	251	26	6	1	33	14	8	1	23	40	14	2	56
5	8	91	41	140	15	78	5	98	23	169	46	238	15	9	2	26	10	13	1	24	25	22	3	50
6	10	78	35	123	5	86	12	103	15	164	47	226	20	12	2	34	14	10	2	26	34	22	4	60
7	11	94	33	138	9	67	14	90	20	161	47	228	24	13	2	39	15	17	3	35	39	30	5	74
8	10	71	36	117	4	72	12	88	14	143	48	205	18	13	1	32	10	12	1	23	28	25	2	55
9	4	68	42	114	8	71	11	90	12	139	53	204	11	9	2	22	13	19	-	32	24	28	2	54
1940	1	72	24	97	8	66	7	81	9	138	31	178	16	9	1	26	6	10	4	20	22	19	5	46
1	1	78	36	115	7	71	14	92	8	149	50	207	14	9	2	25	8	12	3	23	22	21	5	48
2	8	67	28	103	4	68	16	88	12	135	44	191	15	14	4	33	18	6	4	28	33	20	8	61
3	4	82	28	114	8	68	13	89	12	150	41	203	15	10	2	27	12	16	1	29	27	26	3	56
4	4	73	36	113	3	61	17	81	7	134	53	194	20	11	4	35	13	12	-	25	33	23	4	60
5	4	64	27	95	4	73	14	91	8	137	41	186	11	12	2	25	17	20	1	38	28	32	3	63
6	6	70	32	108	9	60	20	89	15	130	52	197	12	10	3	25	16	15	1	32	28	25	4	57
7	5	64	36	105	4	69	9	82	9	133	45	187	15	6	2	23	15	12	1	28	30	18	3	51
8	8	71	40	119	9	80	15	104	17	151	55	223	22	7	-	29	14	15	1	30	36	22	1	59
9	7	78	32	117	11	56	8	75	18	134	40	192	10	5	4	19	10	8	3	21	20	13	7	40
1950	4	55	32	91	6	69	11	86	10	124	43	177	11	8	3	22	9	14	3	26	20	22	6	48

Respiratory.

The total male notifications have dropped from 166 to 91. The decrease has not been gradual but has fluctuated from year to year. There was a decrease of notifications from 1931 to 1940; during the war and post-war years, an increase; but in 1950 the lowest number of notifications occurred.

The female notifications have decreased from 173 to 86. This is not the lowest number of female notifications, but there is an obvious downward trend. Except for the year 1931, the female notifications have always been lower than the male notifications.

The total notifications (both sexes) have dropped from 339 to 177, approximately 48% and is now one less than the previous lowest figure 178 (1940). In other words, the figure has dropped from just over 6 a week to just over 3 a week. Another interesting point is that the number of total notifications is now only slightly higher than the number of notifications for either sex in 1931.

With respect to the age group under 15 years of age, the number of male notifications has dropped from 18 to 4; female 31 to 6 and total 49 to 10. Before the war the number of notifications was gradually decreasing but during the war and post-war years, although the curve is irregular, it does show an upward trend.

In the 15-45 age group the number of male notifications has dropped from 119 to 55, the lowest figure attained by either sex in this age group. It should also be noted that in the years 1937 and 1949 the number of notifications in this male group was greater than the total of all notifications for females. The graph for this group fluctuates considerably and crosses and re-crosses the female graph several times. The drop in female notifications is from 131 to 69. The graph shows a downward trend and it wraps itself around the male graph. The number of total notifications for this group has dropped from 250 to 124, approximately 50%, and is the lowest figure recorded. However, the number of notifications for this group is still 70% of all notifications.

With respect to the over 45 age group, the curve shows a tendency to rise mainly due to the notifications in the male group.

Non-Respiratory.

The number of notifications has dropped by 48% from 77 to 48 and is mainly accounted for by the decrease in male notifications. The number of total notifications in 1950, 48, is less than the number of male notifications in 1931.

DEATHS.

The following table shows the number of deaths annually from 1931 to 1950, classified in age groups and sexes for respiratory and non-respiratory tuberculosis.

Year	RESPIRATORY.												NON-RESPIRATORY.											
	AGE GROUPS.												AGE GROUPS.											
	Male.				Female.				Both.			TOTAL	Male.				Female.				Both.			TOTAL
	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total	- 15	15 - 45	45 +	Total
1931	-	51	27	78	5	60	10	75	5	111	37	153	8	3	1	12	7	5	-	12	15	8	1	24
2	2	52	31	85	-	55	13	68	2	107	44	153	3	8	2	13	4	2	-	6	7	10	2	19
3	1	56	28	85	2	47	13	62	3	103	41	147	4	2	1	7	8	6	1	15	12	8	2	22
4	1	41	21	63	2	37	9	48	3	78	30	111	8	2	1	11	3	6	-	9	11	8	1	20
5	-	49	32	81	-	46	6	52	-	95	38	133	4	4	2	10	2	2	1	5	6	6	3	15
6	-	37	26	63	1	30	8	39	1	67	34	102	5	8	2	15	7	5	1	13	12	13	3	28
7	1	44	20	65	-	47	13	60	1	91	33	125	10	7	3	20	4	2	3	9	14	9	6	29
8	1	44	21	66	2	29	7	38	3	73	28	104	3	6	3	12	6	5	1	12	9	11	4	24
9	-	28	35	63	4	42	5	51	4	70	40	114	1	3	1	5	4	5	1	10	5	8	2	15
1940	1	32	29	62	1	32	10	43	2	64	39	105	7	3	1	11	2	4	1	7	9	7	2	18
1	3	41	34	78	2	52	9	63	5	93	43	141	6	3	3	12	8	4	-	12	14	7	3	24
2	-	23	24	47	-	36	9	45	-	59	33	92	6	1	3	10	5	6	2	13	13	7	5	23
3	1	29	26	56	1	31	9	41	2	60	35	97	3	5	-	8	3	4	-	7	6	9	-	15
4	-	24	20	44	1	26	7	34	1	50	27	78	9	4	2	15	8	4	2	14	17	8	4	29
5	-	27	28	55	1	29	7	37	1	56	35	92	3	7	-	10	6	7	1	14	9	14	1	24
6	-	14	32	46	1	30	8	39	1	44	40	85	4	2	-	6	4	1	-	5	8	3	-	11
7	1	34	28	63	1	36	10	47	2	70	38	110	2	3	1	6	5	1	-	6	7	4	1	12
8	1	24	31	56	1	28	11	40	2	52	42	96	4	2	-	6	2	4	-	6	6	6	-	12
9	2	26	22	50	2	32	12	46	4	58	34	96	3	3	5	11	2	6	2	10	5	9	7	21
1950	2	16	29	47	-	17	8	25	2	33	37	73	2	3	2	7	4	1	1	6	6	4	3	13

Respiratory.

The total number of deaths has dropped by 53% from 153 in 1931 to 72 in the year under review. This is the lowest figure recorded. At the beginning of the period, three persons died from tuberculosis each week, but at the end of the period, three persons died every two weeks. The male deaths dropped from 78 to 47, the latter figure being lower than the deaths in the 15-45 male group in 1931. The female deaths dropped from 75 to 25, which is the lowest figure recorded for either sex. The total female deaths is now 58% lower than the 15-45 female age group in 1931 and 66% less than all female deaths in the same year.

The number of deaths in the under 15 age group fluctuates annually. The average over the 20 years is 2.2.

In the 15-45 age group, the total deaths have dropped from 111 to 33, by 70%. The figure of 33 is again the lowest recorded for this age group. It is interesting to note that the females of this group record more deaths than the males from 1939 to the year under review. Up to 1949 this group also contained the greater proportion of the deaths but in 1950, the greater proportion is found in the 45+ age group. The males in the group dropped by 70% from 51 to 16 and the females by 71% from 60 to 17.

In the 45 age group there is no evidence of a decrease in the number of deaths, as in the other age groups. Had this group decreased in a similar manner to the others, the total number of deaths would be much smaller. With respect to the males of the group, the graph is very erratic, but it does show a slightly higher trend. The females of the group show very little change.

Non-Respiratory.

The number of deaths has dropped from 24 to 13, that is by 46%, but the graph shows much fluctuation. This may possibly be linked with the incidence of tuberculous meningitis. However, the following average number of deaths for the periods shown are a guide and indicate that the number of deaths is decreasing particularly in the period 1946 to 1950.

Period.	Average No. of Deaths.		
1931 - 35.	20.0	21.4	19.9
1936 - 40.	22.8		
1941 - 45.	23.0	18.4	
1946 - 50.	13.8		

DISTRIBUTION - NOTIFICATIONS.

The following table shows the age distribution of respiratory and non-respiratory tuberculosis notifications in sexes and age groups for the period 1931 - 50.

Disease	Sex	Age Group	1931		1935		1940		1945		1950	
			No.	%	No.	%	No.	%	No.	%	No.	%
Pulmonary.	M.	- 15	18	5.3	8	3.4	1	0.6	4	2.2	4	2.2
		15 - 45	119	35.1	91	38.2	72	40.4	64	34.4	55	31.1
		45 +	29	8.6	41	17.3	24	13.5	27	14.5	32	18.1
	F.	- 15	31	9.1	15	6.3	8	4.5	4	2.2	6	3.4
		15 - 45	131	38.6	78	32.8	66	37.1	73	39.2	69	39.0
		45 +	11	3.3	5	2.1	7	3.9	14	7.5	11	6.2
	T.	- 15	49	14.4	23	9.7	9	5.1	8	4.4	10	5.6
		15 - 45	250	73.7	169	71.0	131	77.5	137	73.6	124	70.1
		45 +	40	11.9	46	19.3	31	17.4	41	22.0	43	24.3
Non-Pulmonary.	M.	- 15	27	35.1	15	30.0	16	34.8	11	17.5	11	22.9
		15 - 45	17	22.1	9	18.0	9	19.6	12	19.0	8	16.7
		45 +	5	6.5	2	4.0	1	2.2	2	3.2	3	6.3
	F.	- 15	17	22.1	10	20.0	6	13.0	17	27.0	9	18.7
		15 - 45	11	14.2	13	26.0	10	21.7	20	31.7	14	29.2
		45 +	-	-	1	2.0	4	8.7	1	1.6	3	6.2
	T.	- 15	44	57.2	25	50.0	22	47.8	28	44.5	20	41.6
		15 - 45	28	36.3	22	44.0	19	41.3	32	50.7	22	45.9
		45 +	5	6.5	3	6.0	5	10.9	3	4.8	6	12.5

Respiratory.

The 15-45 age group both for male and female and in total has shown very little change over the period. In 1931, 73.7 of the total notifications were in this group and during 1950, 70.1%. In the under 15 age group both sexes have shown a decrease in the age distribution whereas both sexes have shown an increase in the over 45 age group. It would therefore appear that whereas the percentage of notifications in the 15-45 age group remains more or less the same, the decrease percentage distribution in the under 15 age group has been taken up by the increase in the over 45 age group.

Non-Respiratory.

In the male and female age group under 15 years the percentage of notifications has dropped from 35.1% to 22.9% and 22.1% to 18.7% respectively.

The percentage of notifications for males of the 15-45 age group have shown a gradual decrease whereas the females have shown a gradual increase from 14.2% of the total notifications to 29.2%.

The picture as a whole shows a drop in the percentage of notifications for each five year period in the under 15 age group. With respect to the other two age groups, although the picture fluctuates considerably the evidence is that of an upward curve.

AGE DISTRIBUTION - DEATHS.

The following table shows the age distribution of respiratory and non-respiratory tuberculosis deaths in sexes and age groups for the period 1931 - 50.

Disease	Sex	Age Group	1931		1935		1940		1945		1950	
			No.	%	No.	%	No.	%	No.	%	No.	%
Pulmonary.	M.	- 15	-	-	-	-	1	1.0	-	-	2	2.8
		15 - 45	51	33.3	49	36.9	32	30.5	27	29.3	16	22.2
		45 +	27	17.6	32	24.0	29	27.6	28	30.4	29	40.3
	F.	- 15	5	3.3	-	-	1	1.0	1	1.1	-	-
		15 - 45	60	39.2	46	34.6	32	30.5	29	31.5	17	23.6
		45 +	10	6.6	6	4.5	10	9.5	7	7.6	8	11.1
	T.	- 15	5	3.3	-	-	2	2.0	1	1.1	2	2.8
		15 - 45	111	72.5	95	71.5	64	61.0	56	60.8	33	45.8
		45 +	37	24.2	38	28.5	39	37.1	35	38.0	37	51.4
Non-Pulmonary.	M.	- 15	8	33.3	4	26.7	7	39.0	3	12.5	2	15.4
		15 - 45	3	12.5	4	26.7	3	16.6	7	29.1	3	23.0
		45 +	1	4.2	2	13.3	1	5.5	-	-	2	15.4
	F.	- 15	7	29.1	2	13.3	2	11.1	6	25.0	4	30.8
		15 - 45	5	20.8	2	13.3	4	22.2	7	29.1	1	7.7
		45 +	-	-	1	6.7	1	5.5	1	4.2	1	7.7
	T.	- 15	15	62.5	6	40.0	9	50.1	9	37.5	6	46.2
		15 - 45	8	33.3	6	40.0	7	38.8	14	58.2	4	30.8
		45 +	1	4.2	3	20.0	2	11.0	1	4.2	3	23.0

Respiratory.

For males, the percentage of total deaths has decreased in the 15-45 age group from 33.3% to 22.2% whereas in the 45 and over group the precentage of total deaths has increased every 5 year period from 17.6% in 1931 to 40.3% in 1950.

With respect to females, there has also been a reduction in the % of total deaths for the 15-45 age group and the 45 and over age group has shown an upward tendency although the position has fluctuated between each five year period.

There has, however, been a marked reduction in the percentage of total deaths for the age group 15-45; in fact, there has been a reduction for each five year period. In 1931, 72.5% of the total deaths were in respect of the 15-45 age group, nearly three quarters of the deaths, but in 1950 only 45.8% of the deaths were in this age group, i.e. under one half of the total deaths. In the age group 45 and over each period has shown an increase. At the beginning of the period nearly a quarter of the total deaths (24.2%) were in this group, but by 1950 over one half (51.4%) were in this group. In other words the percentage of total deaths in the 45 and over age group had more than doubled itself.

Non-Respiratory.

In 1931, the males in the under 15 age group accounted for 33.3% of the total deaths; by 1950 the proportion of the total for this group had dropped to 15.4%. The females of the group fluctuated considerably with a maximum of 30.8% of total deaths in 1950 and a minimum of 11.1% of the total deaths in 1940.

The percentage of total deaths for the male 15-45 age group has risen whereas the female percentage has decreased.

Generally, the picture is of a lower proportion of deaths in the under 15 age group, an increase in the proportion of deaths for the 45 and over age group, whereas the 15-45 group has fluctuated between 58.2% of the total deaths in 1945 to 30.8% in 1950.

SEX DISTRIBUTION - NOTIFICATIONS.

The following table shows the sex distribution for respiratory and non-respiratory tuberculosis for the period 1931 - 50.

Disease	Sex	1931		1935		1940		1945		1950	
		No.	%	No.	%	No.	%	No.	%	No.	%
Respiratory.	M.	166	49.0	140	58.8	97	54.5	95	51.1	91	51.4
	F.	173	51.0	98	41.2	81	45.5	91	48.9	86	48.6
Non-Respiratory.	M.	49	63.6	26	52.0	26	56.5	25	39.7	22	45.8
	F.	28	36.4	24	48.0	20	43.5	38	60.3	26	54.2

Respiratory.

In 1931 the male notifications were 49% of the total and the female proportion was 51.0%. During 1935, there was a jump in the proportion of male notifications to 58.8% of the total but from then until 1950 the proportion has gradually decreased to nearly that of the 1931 figure.

Non-Respiratory.

Whilst the picture fluctuates considerably there is evidence that the proportion of female notifications is increasing.

SEX DISTRIBUTION - DEATHS.

The following table shows the sex distribution for respiratory and non-respiratory tuberculosis for the period 1931 - 50.

Disease	Sex	1931		1935		1940		1945		1950	
		No.	%	No.	%	No.	%	No.	%	No.	%
Respiratory.	M.	78	50.9	81	60.9	62	59.0	55	59.7	45	65.3
	F.	75	49.1	52	39.1	43	41.0	37	40.3	25	34.7
Non-Respiratory.	M.	12	50.0	10	66.7	11	61.1	10	41.7	7	53.8
	F.	12	50.0	5	33.3	7	38.9	14	58.3	6	46.2

Respiratory.

In 1931 the percentage distribution was 50.9% males and 49.1% females. From the table it will be observed that the male proportion of deaths is always higher than the female proportion. This may probably be accounted for by the fact that the number of male deaths in the over 45 age group is increasing whereas for all other sex groups there is a decrease.

Non-Respiratory.

Compared with 1931, male deaths have shown an increased percentage over the females, but a glance at the table will show that the proportion of male deaths in 1935 showed a sharp increase. However, since that date the male proportion has again decreased and in 1950 the proportion is only slightly higher than 1931.

RATE OF INCIDENCE.

The following table shows the rate of incidence per 1,000 population for respiratory/and non-respiratory tuberculosis for the period 1931 - 1950.

Year.	1931.			1935.			1940.			1945.			1950.		
Disease.	Popula-tion	No. of notifica-tions	Rate	Popula-tion	No. of notifica-tions	Rate	Popula-tion	No. of notifica-tions	Rate	Popula-tion	No. of notifica-tions	Rate	Popula-tion	No. of notifica-tions	Rate
Respiratory	165500	339	2.04	164800	238	1.44	156500	178	1.14	139950	186	1.33	161700	177	1.09
Non-Respiratory	165500	77	0.46	164800	50	0.30	156500	46	0.29	139950	63	0.45	161700	148	0.29

Respiratory.

The rate of incidence in 1931 was 2.04 per 1,000 persons living which had decreased to 1.4 per 1,000 in 1940. However, by 1945, the incidence increased as was expected during war-time to 1.33 but by 1950 had decreased to 1.09 per 1,000, the lowest ever.

Non-Respiratory.

The pattern is the same as for respiratory tuberculosis.

DEATH RATES.

The following table shows the death rate per 1,000 of the population for respiratory and non-respiratory deaths for the period 1931 - 1950.

(See overleaf.)

Year.	1931.			1935.			1940.			1945.			1950.		
Disease.	Popula -tion	No. of Noti- fica- tions	Rate	Popula -tion	No. of noti- fica- tions	Rate	Popula -tion	No. of Noti- fica- tions	Rate	Popula -tion	No. of noti- fica- tions	Rate	Popula -tion	No. of Noti- fica- tions	Rate
Respiratory	165500	153	0.92	164800	133	0.81	156500	105	0.67	139950	92	0.66	161700	72	0.44
Non-Respiratory	165500	24	0.15	164800	15	0.09	156500	18	0.12	139950	24	0.17	161700	13	0.08

Respiratory.

From the above table it will be observed that the death rate for respiratory tuberculosis has decreased every five year period from 0.92 per 1,000 living in 1931 to 0.44 per 1,000 living in 1950. This is less than half of the 1931 figure.

Non-Respiratory.

The death rate has fluctuated over the period and there has been no steady decrease as for respiratory tuberculosis. The overall picture does show a decrease.

Summary of observations on Tuberculosis for the period 1931 - 1950.

NOTIFICATIONS.		DEATHS.	
Respiratory.	Non-Respiratory.	Respiratory.	Non-Respiratory.
Numbers. The number of notifications has dropped by 48% from 339 to 177. The number of notifications for 1950 is the lowest recorded and is just a little more than the notifications for either sex 20 years ago. The decrease is common to both males and females.	The number of notifications has also dropped by 48% from 77 to 48. The decrease in the under 15 age group is mainly responsible for this state of affairs. Total notifications 1950 less than male notifications in 1931.	The number of deaths has dropped by 53% from 153 to 72. This is the lowest figure recorded. In 1931 there were 3 deaths each week; in 1950 3 people died each fortnight.	The number of deaths has dropped by 46% from 24 to 13.

NOTIFICATIONS.		DEATHS.	
Respiratory.	Non-respiratory.	Respiratory.	Non-respiratory.
Age Distribution.			
Over the 20 years the proportion of notifications in the 15-45 age group remained much the same showing a slight inclination towards a decrease. The 45 and over age group doubled its proportion during the period.	A gradual increase in the proportion of notifications in both the 15-45 and 45+ age groups.	A substantial fall in the proportion of deaths in the 15-45 age group from 72.5% to 45.8% of total deaths. A corresponding increase in the proportion of deaths in the 45+ age group. In 1950 this group had the highest proportion of deaths, whereas previously the greater proportion was found in the 15-45 age group.	A decrease in the proportion of deaths in the under 15 age group being taken up by an increased proportion in the over 45 age group.
Sex Distribution.			
In 1950 male proportion slightly higher than in 1931; but since 1935, when there was a big increase in the male proportion, the female proportion has gradually increased and is now only slightly lower than the 1931 proportion.	The proportion of females is on the increase.	Always a greater proportion of male deaths and the proportion is increasing.	Has fluctuated, with the proportion of males generally higher than females.
Rates of Incidence per1,000.		**Death Rates per 1,000.**	
The rate of incidence has decreased from 2.04 per 1,000 to 1.09, the lowest recorded.	Has decreased from 0.46 per 1,000 to 0.29 per 1,000.	The death rate has decreased every five year period from 0.92 per 1,000 to 0.44, which is less than half of the 1931 rate.	At the end of the period the death rate 0.08 was lower than the beginning 0.15, but the picture fluctuates considerably.

CONCLUSION.

Over the 20 years under review it can be stated that in respect of respiratory tuberculosis, the number of notifications and the number of deaths has been reduced by half. The number of notifications and deaths, rate of incidence and death rate for 1950 are the lowest recorded.

With respect to non-respiratory tuberculosis, the general picture is not so clear. Notifications and deaths have varied considerably over the period, but there is a downward curve.

The following tables relate to the year 1950.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

New Cases of Tuberculosis notified during the year according to localisation of the disease.

Forms of Tuberculosis.	New Cases.		
	Male	Female	TOTAL
Pulmonary ...	91	86	177
Glandular ...	8	12	20
Meningeal ...	7	5	12
Abdominal ...	1	4	5
Spine ...	1	1	2
Hip ...	1	2	3
Other Bones and Joints	1	2	3
Other Forms ...	3	-	3
TOTAL ...	113	112	225

New Cases of Tuberculosis notified during the year according to age and sex.

Form of Tuberculosis.	FORMAL NOTIFICATIONS. No. of Primary Notifications of new cases of Tuberculosis.											
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65 & up	TOTAL (all ages).
Pulmonary Tuberculosis:-												
Males ...	-	-	2	1	11	9	15	13	15	7	3	76
Females ...	-	4	1	-	15	17	23	8	8	-	2	78
Other Forms of Tuberculosis:-												
Males ...	-	5	2	4	-	2	1	5	1	1	1	22
Females ...	-	3	3	3	4	2	3	4	2	1	-	25
TOTAL ...	-	12	8	8	30	30	42	30	26	9	6	201

New Cases coming to the knowledge of the Health Department otherwise than by Formal Notifications.

Pulmonary:-												
Males ...	-	1	-	-	-	2	5	-	1	4	2	15
Females ...	-	-	-	1	-	2	4	-	-	1	-	8
Non-Pulmonaty:-												
Males ...	-	-	-	-	-	-	-	-	-	-	-	-
Females ...	-	-	-	-	-	-	1	-	-	-	-	1
TOTAL ...	-	1	-	1	-	4	10	-	1	5	2	24

The source or sources from which information as to the above-mentioned cases was obtained is stated below.

Source of Information.	Number of Cases.	
	Respiratory.	Non. Respiratory.
Death Returns - From Local Registrars ...	9	-
Death Returns - Transferable from Registrar General	1	-
Posthumous Notifications	1	-
"Transfers"from other areas (other than (Transferable Deaths)	12	1
Other Sources	-	-
TOTAL ...	23	1

Cases remaining on the Register of Notifications at the end of the year were as follows:-

Sex.	Pulmonary.	Non-Pulmonary.	TOTAL.
Males ...	944	311	1,255
Females ...	722	270	992
TOTAL ...	1,666	581	2,247

ADMISSIONS TO HOSPITALS.

The number of Swansea cases admitted to the various hospitals and institutions for treatment of tuberculosis is shown below:-

	Male.	Female.	TOTAL.
Pulmonary ...	62	63	125
Non-Pulmonary	6	10	16
TOTAL ..	68	73	141

MASS MINIATURE RADIOGRAPHY.

During the year under review the mobile unit of the Welsh Regional Hospital Board has conducted examinations in various work places and offices where adequate facilities have been available for the purpose. Difficulties are often experienced in securing satisfactory accommodation, but in all places where the arrangements have been practicable, the co-operation of employers and employees has been readily forthcoming. In all, surveys were conducted in eleven centres, during which 8,341 persons submitted themselves for examination.

The following table, classified in sexes, shows the number of persons examined and the results obtained:-

Sex	Number of persons examined	Number Diagnosed Respiratory Tuberculosis.	No. placed under observation for Respiratory Tuberculosis.	Total No. diagnosed and under observation for Respiratory Tuberculosis.	Number with other abnormalities of chest	Total no. of persons with abnormalities
M.	5,563	7	22	29	280	309
F.	2,778	8	8	16	71	87
T.	8,341	15	30	45	351	396

The following table shows abnormalities per 100 examined:-

Sex.	% diagnosed Respiratory Tuberculosis.	% placed under observation for Respiratory Tuberculosis.	% diagnosed and placed under observation	% other abnormalities	% Total abnormalities
M.	.08	.26	.35	3.36	3.70
F.	.10	.10	.19	.85	1.04
T.	.18	.36	.54	4.21	4.75

It will be observed from the above two tables that twice as many males have been examined, but this is not surprising in view of the fact that at many of the work places visited, the number of male staff far outweighed the female staff.

Of the number examined 4.75% showed some abnormality but only .54% were diagnosed as suffering from respiratory tuberculosis or were placed under observation. The number diagnosed as definitely suffering from respiratory tuberculosis was only 15, .18% of the total examined.

Included in the total number examined were 2,853 school children, 1,751 in the age group 14 to 15 years of age and 1,102 over 15 years of age. Of this figure, 1 male and 1 female in the 14 - 15 group were diagnosed as suffering from respiratory tuberculosis and one female in the same group was placed under observation.

At the end of the year, arrangements were being made for a general population survey to be commenced in January, 1951.

VENEREAL DISEASES.

	Swansea Cases seen at the Swansea Hospital Clinic.				Swansea Cases seen at the Auxiliary Clinic.				Total of Swansea Cases.				Seamen seen at the Swansea Hospital Clinic.			
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.
1. No. of patients from previous years under treatment, 1st January.	164	60	47	271	34	26	89	149	198	86	136	420	21	42	29	92
2. Previously discharged cases which returned during the year. ...	18	10	-	28	4	5	-	9	22	15	-	37	-	-	-	-
3. No. of patients dealt with for the first time this year -																
(i) Syphilis, congenital (under 1 year). ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) Syphilis, congenital (over 1 year). ...	1	-	-	1	1	-	-	1	2	-	-	2	-	-	-	-
(iii) Other Syphilis. ...	32	-	-	32	10	-	-	10	42	-	-	42	12	-	-	12
(iv) Other conditions. ...	-	88	190	278	-	61	233	294	-	149	423	572	-	79	105	184
4. No. of patients dealt with for the first time in the year and who are known to have received treatment elsewhere.	25	44	-	69	1	-	-	1	26	44	-	70	28	85	-	113
Total number of Patients dealt with during the year.	240	202	237	679	50	92	322	464	290	294	559	1143	61	206	134	401

S - Syphilis; G - Gonorrhoea; O.C. - Other Conditions; T - Total.

VENEREAL DISEASES (Continued.

	Swansea Cases seen at the Swansea Hospital Clinic.				Swansea Cases seen at the Auxiliary Clinic.				Total of Swansea Cases.				Seamen seen at the Swansea Hospital Clinic.			
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.
5. No. of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and final tests of cure or who were diagnosed as 'other conditions'	53	112	178	343	7	22	234	263	60	134	412	606	9	63	105	177
6a. No. of patients who ceased to attend before completion of treatment and were suffering from:-																
(i) Acquired Syphilis ...	33	-	-	33	8	-	-	8	41	-	-	41	1	-	-	1
(ii) Congenital Syphilis (under 1 year)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) " " (over 1 year)	1	-	-	1	-	-	-	-	1	-	-	1	-	-	-	-
(iv) Gonorrhoea.	-	-	-	-	-	41	-	41	-	41	-	41	-	-	-	-
6b. No. of patients under treatment or observation known to have died:-																
(i) From Syphilis. ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) From Treatment. ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) From Other Causes. ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. No. of patients suffering from:-																
(i) Syphilis who defaulted after completion of treatment but before final discharge.	6	-	-	6	1	-	-	1	7	-	-	7	-	-	-	-
(ii) Gonorrhoea.	-	35	-	35	-	-	-	-	-	35	-	35	-	-	-	-
8. No. of patients transferred to other centres or institutions or to private practitioners.	12	2	-	14	1	1	7	9	13	3	7	23	34	99	4	137
9. No. of patients remaining under treatment or observations on the 31st December.	135	53	59	247	33	28	81	142	168	81	140	389	17	44	25	86
Total.	240	202	237	679	50	92	322	464	290	294	559	1143	61	206	134	401
10. Number of attendances:-																
(i) for individual attention of Medical Officers.	1270	422	403	2095	500	479	2933	3912	1770	901	3336	6007	119	261	120	500
(ii) for intermediate treatment, e.g. dressings, etc. ...	770	402	387	1559	-	63	218	281	770	465	605	1840	130	144	82	356
Total Attendances. ...	2040	824	790	3654	500	542	3151	4193	2540	1366	3941	7847	249	405	202	856

AUXILIARY CENTRE FOR THE TREATMENT OF MOTHERS & CHILDREN.

Age and Sex Distribution of cases under treatment or observation at the beginning and end of the year.

	Syphilis.			Gonorrhoea.		Other Conditions.			TOTAL.	
	Males	Females.		Females.		Males	Females.			
	under 15.	Under 15.	Adults	Under 15.	Adults	under 15.	Under 15.	Adults	Males	Females
January 1st.	-	2	32	2	24	-	4	85	-	149
December 31st.	-	2	31	-	28	-	2	79	-	142

The new cases dealt with during the year were obtained from the following sources:-

Ante-natal Clinics	...	208
Post-natal Clinics	...	25
Gynaecological Clinics	...	1
Infant Welfare Clinics	...	5
Eye Clinics	...	5
Mental Deficiency Clinic	...	2
Orthopaedic Clinic	...	1
School Medical Inspection		2
Private Practitioners	...	4
Other Members of Family	...	3
Children for adoption	...	1
Social Worker	...	1
Midwives	...	5
Children's Officer	...	2
Health Visitor	...	1
TOTAL	...	266

WORK OF THE AUXILIARY CLINIC FOR THE DECADE 1941 - 50.

Year	Number of New Cases.				Number of Cases cured or diagnosed as other conditions.				Number of Patients dealt with during the year.				Attendances.			Average Attendance per patient.	Percentage of Total Attendances at M.O's. Clinic.
	S.	G.	O.C.	T.	S.	G.	O.C.	T.	S.	G.	O.C.	T.	At Medical Officer's Clinics.	For Intermediate Treatment by Nurses.	Total		
1941	24	37	219	280	1	5	55	61	65	61	256	382	2,593	407	3,000	7.9	86.4
1942	42	45	313	400	5	13	106	124	106	103	433	642	4,375	692	5,067	7.9	86.3
1943	51	72	403	526	6	15	185	206	126	122	516	764	5,216	665	5,881	7.7	88.9
1944	12	39	367	418	9	19	142	170	102	107	512	721	6,125	625	6,750	9.4	90.7
1945	10	55	288	353	10	19	105	134	93	108	428	629	4,716	501	5,217	8.3	90.4
1946	18	40	352	410	11	8	76	95	90	76	469	635	4,454	392	4,846	7.6	91.9
1947	13	33	296	342	9	4	76	89	75	71	458	604	2,998	273	3,271	5.4	91.7
1948	15	20	310	345	18	5	88	111	71	32	416	519	3,330	273	3,603	6.9	92.4
1949	6	57	212	275	8	11	237	256	50	63	331	444	3,709	201	3,910	8.8	94.8
1950	11	61	233	305	7	22	234	263	50	92	322	464	3,912	281	4,193	9.0	93.3
Average	20	46	299	365	8	12	131	151	83	83	414	580	4,143	431	4,574	7.9	90.5

ARTIFICIAL IMMUNITY.

Diphtheria Prophylaxis.

Diphtheria Immunisation is undertaken at Infant Welfare and School Clinics and at the Schools during Routine Medical Inspection. 45 General Practitioners practising in the area of the Authority also co-operate in the Local Authority's Scheme for immunisation, but most of the immunisations are carried out by the Local Health Authority's Staff.

It is heartening to be able to report that for the second year in succession, there was no notified case of Diphtheria and there is no doubt that this satisfactory state of affairs bears testimony to the immense value of diphtheria immunisation. Reference to the tables on page 53 shows the trend during the last ten years but the following table is also of interest since it shows the marked downward trend of notifications and deaths during the last twenty years.

Period.	Average Notifications.	Average Deaths.
1931 - 40.	428.4	14.7
1941 - 50.	161.6	7.4
1946 - 50.	5.2	.2
1950.	-	-

Whilst those engaged in the Public Health Service may feel justified in congratulating themselves on such progress, we must not be too complacent for there is still ample room for improvement. In 1946 it was estimated that 80.9% of the child population was immunised but the figure has gradually decreased to 73.5% in the year under review. The following table with respect to children under five, illustrates my point more effectively.

Year.	No. of Births Registered.	No. of these children immunised.	Percentage immunised.
1946.	2,915	1,628	56
1947.	3,350	1,888	56
1948.	2,868	1,624	57
1949.	2,713	1,086	40

It is therefore necessary that further renewed efforts should be made by all concerned to pursuade parents to avail themselves of this harmless and effective means of protection.

Immunisation in relation to Child Population.

Age at date of immunisation.	Number of children immunised during each year.						Ratio of immunised to population at the end of 1950.
	Up to 1945.	1946	1947	1948	1949	1950	
Under 1	71	13	36	102	106	72	Total immunised under 5 years of age 6,298 being 46.2% of population 13,630 of this age.
1 +	1,212	842	1,087	1,529	1,309	980	
2 +	1,415	295	214	314	164	213	
3 +	1,439	89	80	103	81	159	
4 +	1,416	115	68	79	94	133	
5 +	1,521	120	191	107	237	167	Total immunised between 5 and 14 years of age 20,021 being 90.3% of population 22,170 this age.
6 +	1,660	248	163	139	199	68	
7 +	1,712	259	144	71	95	59	
8 +	1,600	233	153	96	58	60	
9 +	1,565	271	170	55	63	39	
10 +	1,644	283	137	49	62	43	
11 +	1,867	205	135	40	56	33	
12 +	1,946	216	122	36	16	25	
13 +	2,173	172	123	45	11	26	
14 to 15	2,056	87	63	48	21	13	
Total immunised	23,298	3448	2,886	2,813	2,572	2090	Total immunised 0-14 years of age 26,319 being 73.5% of population 35,800 this age.

It will be noticed that the figures for 1949 and 1950 are less than those for other years. This is due to the fact that during the summer and early autumn when poliomyelitis was prevalent, there was a slackening off in the number of immunisations.

Diphtheria Notifications and Deaths in relation to immunisation.

There was no confirmed case of diphtheria during the year.

Notifications of diphtheria in age groups for the period 1941 - 50.

Year	Number of Notifications in each age group.											Total notifications
	0.	1.	2.	3	4	Total under 5	5-	10 - 14	Total 5-15.	Total under 15.	Other Groups	
1941	9	15	43	61	81	209	298	147	445	654	196	850
1942	4	5	14	20	28	71	138	55	193	264	88	352
1943	2	5	13	15	16	51	78	47	125	176	55	231
1944	3	4	7	11	4	29	39	21	60	89	33	122
1945	1	-	-	3	1	5	15	9	24	29	6	35
1946	4	-	1	1	1	7	-	2	2	9	5	14
1947	-	-	-	-	-	-	3	3	6	6	4	10
1948	-	-	-	-	-	-	1	-	1	1	1	2
1949	-	-	-	-	-	-	-	-	-	-	-	-
1950	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	23	29	78	111	131	372	572	284	856	1,228	388	1,616

Deaths from diphtheria in age groups for the period 1941 - 50.

Year.	Under 1 year.	1-	5-	15-	45-	65 & over	Total Deaths
1941 ...	-	28	16	9	-	-	53
1942 ...	-	8	2	1	-	-	11
1943 ...	-	4	1	-	-	-	5
1944 ...	-	-	-	1	-	-	1
1945 ...	-	1	1	-	1	-	3
1946 ...	-	-	-	-	-	-	-
1947 ...	-	-	-	-	-	-	-
1948 ...	-	-	1	-	-	-	1
1949 ...	-	-	-	-	-	-	-
1950 ...	-	-	-	-	-	-	-
TOTAL ...	-	41	21	11	1	-	74

Smallpox Vaccination.

During 1949 arrangements were completed for smallpox vaccination to be undertaken at the Local Authority's Infant Welfare Clinics and the results obtained have fully justified this course.

During 1941, only 78 children under one year of age and 66 children between the ages of one and four years were vaccinated, whereas in 1950, the numbers were 463 and 172 respectively (See table overleaf). Also during 1950, more children under the age of one year were vaccinated than in any other year since 1943.

The results achieved do not, however, justify the Public Health Service sitting back and being complacent. If only 50% vaccination is to be obtained in the area of this Authority, this means an annual figure of approximately 1,400 vaccinations. It is therefore necessary for all engaged in the Public Health Service, particularly doctors and nurses, to draw the attention of parents by means of health propaganda to the great risks that face an unvaccinated child.

The following table gives particulars of the work carried out during the year:-

	AGE GROUPS.				Total
	Under 1	1-4	5-14	15+	
Number vaccinated.	463	172	27	42	704
Number re-vaccinated.	8	2	8	175	193
TOTAL ...	471	174	35	217	897

No cases of generalised vaccinia, post-vaccinal encephalomyelitis, or deaths from other complications of vaccination were reported during this period.

CARE OF MOTHERS AND YOUNG CHILDREN.

There are seven Centres in the area where Ante- and Post-Natal Clinics and Infant Welfare Clinics are held. In another Centre, infant welfare sessions only are held. Generally, they are convenient of access to those persons who care to attend. The premises are not as well planned as we should like them, neither is there sufficient accommodation available, but it is to the credit of the staff working at these Centres that they appear to have overcome most of these difficulties. The Centres make a very valuable contribution towards improving the standard of care of the mother and child and the attendances at these Centres is an indication that mothers appreciate the efforts of the Staff. Advice is given on any problems concerned with the upbringing of children as well as the mothers' health, by the Medical Officers and Health Visitors. Most of the work undertaken at these Centres should be educational in character but this has been impeded because of the shortage of staff. However, a start has now been made on group talks and a certain amount of demonstration equipment has been delivered to the various Centres. Health Visitors also make an official home visit to infants as soon as possible after the fourteenth day, when further information and advice is given if necessary and further visits are made at subsequent intervals of approximately one month.

During the year, further arrangements were made with regard to the establishment of an Ante-Natal Clinic at Llansamlet in the existing School Clinic premises and in the Fforestfach area, property was earmarked with a view to its purchase to serve as a Centre for all clinic purposes.

All Clinics have a stock of welfare foods available for distribution to mothers. The quantity issued is an indication that mothers appreciate this service very much. National Dried Milk, Cod Liver Oil, Orange Juice and Cod Liver Oil Capsules are issued by arrangement with the Ministry of Food. No charge is made for the Cod Liver Oil or the Capsules and if any mother is unable to pay for the National Dried Milk or Orange Juice, they are advised to make application to the Ministry of Food Local Office who take into consideration the financial circumstances of the family. Other nutrients such as Cod Liver Oil & Malt, Parrishes Food and Lactagol are also available to the mothers at cost price, but where the income of the family falls below a certain scale, a free supply is granted, provided that the Medical Officer at the Clinic considers that the nutrient should be issued in the interest of the health of the patient. Special vouchers are also issued at the Clinics to enable proprietary brands of milk foods to be obtained at reduced prices at local chemists.

Ante-Natal and Post-Natal Clinics.

Name.	Address.	Equivalent number of weekly sessions. Combined Ante-Natal and Post-Natal.
Eaton House.	Eaton Crescent, Swansea.	5
Central.	Treed-Y-Bryn, Mount Pleasant, Swansea.	1
Morriston.	Morfydd Street, Morriston, Swansea.	2
Cwmbwrla.	Stepney Street, Cwmbwrla, Swansea.	4
Townhill.	Baptist Chapel Schoolroom, Townhill, Swansea.	2
St. Thomas.	Welwyn Lodge, Balaclava Street, St. Thomas, Swansea.	2
Oystermouth.	Victoria Hall, Dunn's Lane, Oystermouth, Swansea.	1

Table showing the number of patients who were in attendance at the respective Clinics during the year, together with the total attendances.

	Eaton House	Central.	Morriston	Cwmbwrla	Townhill.	St. Thomas	Oyster-mouth	TOTAL.
Ante-Natal Clinics.								
Number of patients attending.	810	179	485	601	213	319	100	2,707
Total attendances.	5,906	1,730	3,072	2,883	1,363	1,825	623	17,402
Average attendance per patient.	7.3	9.6	6.3	4.8	6.4	5.8	6.2	6.4
Post-Natal Clinics.								
Number of patients attending.	303	77	150	132	62	49	29	802
Total attendances.	380	90	165	172	79	69	39	994
Average attendance per patient.	1.3	1.2	1.1	1.3	1.0	1.5	1.3	1.2

Wasserman Tests.

Routine tests were taken at the Ante-Natal Clinics with the following results:-

	Eaton House	Central.	Morriston	Cwmbwrla	Townhill.	St. Thomas	Oyster-mouth	TOTAL.
No. of positive results. ...	3	3	3	2	3	6	-	20
No. of negative results. ...	583	145	326	315	142	209	68	1,788
No. of doubtful results. ...	10	-	-	2	-	1	3	16
Total number tested	596	148	329	319	145	216	71	1,824

Gynaecological Clinic.

The arrangements in respect of this Clinic were similar to those outlined in the Report for 1948.

Sessions.

Number of sessions held by the Medical Officer in Charge.	51
Number of sessions held by the Consulting Gynaecologist.	12
Total number of sessions. ...	63

Attendances.

New Cases ...	246
Old Cases ...	1,277

New Cases - Reasons for Attending.

Birth Control ...	22
Sterility ...	37
Menstrual disorders	34
Menopause ...	5
Prolapse ...	46
Cervical erosion	44
Habitual abortion	2
Vaginitis ...	18
Post-natal ...	6
Others ...	32
TOTAL ...	246

Care of Premature Infants.

Premature infants are babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation. Still births are excluded.

(a) Number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area.

(i) Born at home ... - 55
(ii) Born in hospital or nursing home - 156

(b) Premature babies born in the area (whether their mothers normally reside in the area or not) but excluding babies born in maternity homes and hospitals in the National Health Service.

	BORN AT HOME.							BORN IN PRIVATE NURSING HOMES. *						
	Transferred to Hospital.	Nursed entirely at home.						Transferred to Hospital.	Nursed entirely in P.N. Homes.					
		Died in first 24 hours	Died on 2nd. to 7th day.	Died on 8th. to 28th day.	Survived 28 days.	Total	Grand Total		Died in first 24 hours	Died on 2nd. to 7th. day.	Died on 8th. to 28th day.	Survived 28 days.	Total	Grand Total
Under 3 lbs. ...	-	3	-	-	2	5	5	-	2	-	-	-	2	2
3 - 4 lbs. ...	3	2	-	-	2	4	7	-	-	-	-	-	-	-
4 - $5\frac{1}{2}$ lbs. ...	3	1	3	-	36	40	43	-	1	1	-	11	13	13
TOTAL ...	6	6	3	-	40	49	55	-	3	1	-	11	15	15

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* Including Maternity Homes not in the National Health Service and Mother and Baby Homes where the women are confined in the Home.

Child Welfare Centres.

The number of centres provided by the Local Health Authority at the end of the year was eight, similar to that of the previous year. The total number of weekly sessions was 13.

During the year, 2,153 children attended for the first time, 1,838 under one year of age and 315 over one year of age. The number of children in attendance during the year was 4,611 who made 25,203 attendances. At the end of the year, 4606 children were in attendance, of whom 1,756 were under one year of age.

Age Distribution of New Patients attending during the year.

Name of Centre.	AGE GROUP		TOTAL
	Under 1	1 - 4	
Eaton House ...	433	63	496
Central ...	200	35	235
Merriston ...	286	43	329
Cwmbwrla ...	365	65	430
Townhill ...	180	28	208
St. Thomas ...	201	44	245
Oystermouth ...	101	25	126
Llansamlet ...	72	12	84
TOTAL ...	1,838	315	2,153

Age Distribution of Children who were in attendance at the end of the year, together with the total attendances in respect of each Centre.

Name of Centre.	AGE GROUP		Total Children.	Total Attendances.
	Under 1	1 - 4		
Eaton House ...	380	802	1,182	7,014
Central ...	351	140	491	2,526
Merriston ...	229	514	743	3,814
Cwmbwrla ...	277	547	824	4,044
Townhill ...	162	332	494	2,856
St. Thomas ...	144	290	434	2,118
Oystermouth ...	155	75	230	1,741
Llansamlet ...	58	150	208	1,090
TOTAL ...	1,756	2,850	4,606	25,203

Care of Unmarried Mothers and their Children.

Arrangements were the same as xxx outlined in the Annual Report for 1948. During the year under review, five expectant mothers were sent to the Plasnewydd Hostel, Burry Port.

Infectious Diseases.

Ophthalmia Neonatorum.

Seven cases were notified during the year, five in respect of domiciliary confinements and two in respect of hospital confinements. The total number notified for 1949 was 19. No case was removed to hospital and the vision was unimpaired in all cases after the appropriate treatment. One case under treatment at the end of 1949 also recovered without any loss of vision.

Pemphigus Neonatorum.

The number of cases notified was three, 2 for domiciliary confinements and 1 for institutional confinements.

Puerperal Pyrexia.

The number of cases notified was 16 for a rate of 6.16 per 1,000 total births. Although the cases decreased from 29 in 1949, the rate for 1950 is still higher than England and Wales - 5.81 but less than the 126 County Boroughs and great towns - 7.43. Of the 16 cases notified, 11 were in respect of domiciliary confinements and five institutional confinements.

Dental Treatment.

Mr. H.N. Tiplady, L.D.S., the Senior Dental Officer reports as under:-

"In common with most Local Health Authorities, since the introduction of the National Health Service, there has been a drift of dental officers from the public health service to private practice. The reasons are well known, have received nation wide publicity and need not be mentioned by me.

The duty laid on Local Health Authorities under Section 22 of the National Health Service Act was to make special arrangements for the dental care of expectant and nursing mothers and young children, i.e. the intention is clearly to put them in a preferential position and to afford them some guarantee of treatment not given to other classes of the community, although they could, of course, have equal rights with the rest of the community of the benefit of the general dental services provided under the Act. However, due to the shortage of dental staff, it has been impossible to carry out the duties envisaged by this Section and it has become increasingly necessary for the assistant medical officers to refer many expectant mothers from the ante-natal clinics to their own dentists for treatment. I have formed the opinion that more mothers are now receiving treatment by private practitioners, but from the information given to me by parents at the various dental clinics, I am led to the conclusion that this is not the case with children under school age. Of course, with the limited staff available (the equivalent of 2.1/11 full-time officers out of an establishment of 8 full-time officers) most of the treatment undertaken is emergency in character which is a great pity when the intention of the Act is to lay emphasis on conservative treatment.

Nevertheless, an improvement has been noticed in the dental condition of mothers referred to us and is due in many cases to the routine dental treatment available to them during their period of service in H.M. Forces; but extensive dental caries in many of the children under five is still a problem - a problem which I am afraid will remain under the present conditions of recruitment of dental officers.

Of course, it must be realised that the dental care of the above categories is also in addition to the duty laid on Local Education Authorities under the Education Act, 1944, whereby the same dental officers are responsible for the dental care of some 25,000 children."

Number provided with Dental Care.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers. ...	307	290	250	188
Children under five. ...	265	243	229	179

Forms of Dental Treatment Provided.

	Extrac-tions	Anaes-thetics.		Fillings	Scalings or scalings and gum treatment	Silver nitrate treat-ment.	Dress-ings.	Radio-graphs	Dentures provided.	
		Local	Gen-eral.						Com-plete	Par-tial.
Expectant & Nursing Mothers.	720	9	302	104	19	-	8	5	15	11
Children under five.	386	-	250	6	-	-	7	-	-	-

DOMICILIARY MIDWIFERY SERVICE.

The number of midwives who notified their intention to practice during 1950 was 51 as compared with 44 in 1949. The municipal midwives remained at the same figure of 22 whereas those employed in hospitals increased from 17 to 26. Midwives in private practice decreased from 5 (1 domiciliary and 4 in private nursing homes) to 3, all of whom were employed in private nursing homes.

The number of cases attended in the area of the Authority during the year was 2,504 as compared with 2,374 for the previous year. The cases attended by municipal midwives decreased from 1,260 in 1949 to 1,157 in 1950, whereas the hospital cases increased from 824 to 1,039.

The following table showing the number of maternity cases for the last 10 years, is very interesting:-

Year	No. of Cases	Domiciliary Cases.			Hospital Cases.			Private Nursing Home Cases.			% of cases confined domiciliary	% of domiciliary cases confined by midwife.
		As Midwife	As Maternity Nurse.	Total	As Midwife	As Maternity Nurse.	Total	As Midwife	As Maternity Nurse.	Total		
1	2	3	4	5	6	7	8	9	10	11	12	13
1940	2,517	1,260	511	1,771	485	143	628	-	118	118	70	71
1941	2,107	1,097	438	1,535	341	141	482	-	90	90	73	71
1942	2,512	1,239	522	1,761	481	61	542	-	209	209	70	70
1943	2,446	1,175	446	1,621	480	78	558	-	267	267	66	72
1944	2,932	1,194	544	1,738	669	130	799	-	395	395	59	69
1945	2,534	935	433	1,368	628	190	818	-	348	348	54	68
1946	3,265	1,196	629	1,825	737	254	991	-	449	449	56	65
1947	3,570	1,267	639	1,906	985	250	1,235	-	429	429	53	67
1948	3,171	898	468	1,366	1,185	313	1,498	-	307	307	43	66
1949	2,374	799	469	1,268	566	258	824*	-	282	282	52	63
1950	2,504	759	404	1,163	553	486	1,039*	-	302	302	46	65

* See overleaf.

* During the years 1949 and 1950, the figures in respect of Stouthall and Fairwood Maternity Hospitals, which were originally Local Authority Hospitals and are now under the control of the Glantawe Hospital Management Committee, have been included in the return of the Glamorgan County Council Supervising Authority.

It will be noted that the number (column 5) and percentage (column 12) confined at home has gradually decreased over the last 10 years but the trend was noticeable before the introduction of the National Health Service Act in 1948. There are reasonable grounds for presuming that this downward trend will continue as more and more mothers are anxious to obtain admission to Maternity Hospitals where they are free from home worries and where medical and nursing attention is immediately available.

The number of maternity beds available in the area is proving inadequate and in an effort to admit as many patients as possible, the Glantawe Hospital Management Committee has decided to discharge patients before the fourteenth day as this will allow more patients to be admitted during the course of a year. The pressure on hospital beds is indicated by the following figures which show the average duration of stay for confinement during 1950 in the hospitals at which nearly all of the patients of this area are admitted:-

Morriston Hospital	-	10.8
Fairwood Hospital	-	11.4
Stouthall Hospital	-	11.7
Mount Pleasant Hospital		12.3

Consequently, it is necessary for the domiciliary midwives to visit these cases after their discharge, so that although less cases are being confined at home, the number of post-natal visits is not declining in the same proportion as that of the cases.

Normally one would look to the number of cases undertaken by a midwife during the year as an indication of her case load but under these exceptional circumstances, it is necessary to go further and also consider the total number of post-natal visits made to these cases. Another point to be considered in this decrease of home confinements is the cost per case. Had the level of domiciliary confinements been maintained at the 1940 figure, the cost per case would have increased during the past few years because of rising prices in respect of uniforms, drugs and dressings and the increased transport costs and the better salary awards, but now that the number of home confinements is also decreasing, the cost per case is becoming unusually high. If the turnover of patients at the hospitals is going to be maintained at this present level, the patients being discharged before the fourteenth day, it might be necessary to consider some other unit of cost such as, for example, the cost per visit made.

Further reference to the above table (column 3) shows that since 1940, the number of domiciliary cases confined by midwives has dropped appreciably and the level follows the declining curve of total domiciliary confinements (column 5).

Midwives also conduct their own ante-natal clinics at home. Many midwives have also attended the Ante-Natal Clinics provided by the Authority under Section 22 of the National Health Service Act. This arrangement has considerably assisted the Authority when medical and health visiting staff have been in short supply but by far the most important part of this arrangement has been the opportunity afforded to the midwives to discuss their patients' health and care with the Medical Officer of the Clinic.

Administration of Gas and Air Analgesia.

At the end of the year, all of our midwives, with the exception of one, were qualified to administer gas and air analgesia and the Council owned 20 sets of equipment. The number of cases in which gas and air analgesia was administered during the year was 306 which showed a decrease on that of the previous year 369. Midwives can call on the assistance of the Ambulance Service for transport when it is necessary to carry the equipment to the home of a patient.

Births.

Number of births notified in the Authority's area during the year, under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications:-

	Domiciliary.	Institutional.	Total.
Live births ...	1,058	1,537	2,595
Still births ...	20	39	59
	1,078	1,576	2,654

Analysis of Still Births Notified during 1950.

Cause of Still Birth.	Municipal Midwives	Independent Midwives.	Hospitals	Private Nursing Home	TOTAL
Anencephalic.	1	-	5	-	6
Prolapsed Cord.	-	-	2	-	2
Toxaemia.	3	-	8	1	12
Papyraceous Foetus.	-	-	1	-	1
Dystocia.	2	-	3	-	5
Accidental A.P.H.	2	-	3	-	5
Rhesus Immunisation.	-	-	1	-	1
Prematurity.	6	-	6	-	12
Hydramnios.	1	-	-	-	1
Asphyxia.	1	-	-	-	1
Monster.	1	-	-	-	1
Strangulation by cord.	1	-	1	-	2
Atalectasis.	-	-	1	-	1
Severe Heart condition & Toxaemia of Mother.	-	-	1	-	1
Breech.	-	-	1	-	1
Poor general condition of Mother.	-	-	1	-	1
No Cause (Macerated).	1	-	2	-	3
No Cause.	1	-	2	-	3
TOTAL ...	20	-	38	1	59

Table showing the Number of Births and Cases for the year and where they occurred.

	Live Births	Still Births	Total Births	Mis-carriages	Twins	Total Cases
A. Particulars of births and cases of the Authority's mothers confined within the area of the Authority:-						
1. At home by municipal midwives ...	1,050	19	1,069	90	13	1,146
2. At home by independent midwives ...	1	-	1	-	-	1
3. At home by general practitioners & maternity nurses	3	-	3	-	-	3
4. At N.H.S. Hospitals and Institutions ...	536	22	558	165	7 *	715
5. At Private Nursing Homes. ...	196	1	197	-	3	194
TOTAL ...	1,786	42	1,828	255	23 *	2,059
B. Particulars of births and cases of mothers from other Authorities confined within the area of the Authority:-						
1. At home by municipal midwives ...	11	-	11	-	-	11
2. At home by independent midwives ...	-	-	-	-	-	-
3. At home by general practitioners & maternity nurses	1	-	1	-	-	1
4. At N.H.S. Hospitals and Institutions ...	186	18	204	127	6	325
5. At Private Nursing Homes ...	106	2	108	-	-	108
TOTAL ...	304	20	324	127	6	445
C. Particulars of births and cases of the Authority's mothers confined in other Authorities ...	805	16	821	-	16	805
D. Total of the Authority's mothers ...	2,591	58	2,649	255	39 *	2,864
E. Total of all births and cases in the Authority's area	2,090	62	2,152	382	29 *	2,504

* Includes 1 set of triplets.

Maternity Cases attended in the area of the Authority allocated between Domiciliary Cases and Cases in Institutions and Midwives and Maternity Nurses.

	Number of Maternity Cases in the area of the Local Supervising Authority attended by Midwives during the year.						
	Domiciliary Cases.		Institutional Cases.		TOTALS.		
	As Midwives	As Maternity Nurses.	As Midwives	As Maternity Nurses.	As Midwives	As Maternity Nurses.	Cases
Midwives employed by the Authority ...	759	398	-	-	759	398	1,157
Midwives employed by Hospital Management Committees under the National Health Service Act ...	-	-	553	486	553	486	1,039
Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	-	6	-	302	-	308	308
TOTALS ...	759	404	553	788	1,312	1,192	2,504

Number of Midwives practising in the area of the Local Supervising Authority at the end of the year.

	Domiciliary Midwives.	Midwives in Institutions.	TOTAL.
Midwives employed by the Authority ...	22	-	22
Midwives employed by Hospital Management Committees under the National Health Service Act ...	-	26	26
Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	-	3	3
TOTALS ...	22	29	51

Medical Aid.

Number of cases in which medical aid was summoned during the year.

(a) Domiciliary cases.

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service Act.	-	62
(ii) Others	-	176
(b) For cases in Institutions ...	-	-
TOTAL	-	238

Administration of Gas and Air Analgesia.

Number of midwives in practice in the area at the end of the year qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board:-

(a) Domiciliary.

(i) Directly employed by the Local Health Authority	-	22
(ii) In private practice ...	-	-
TOTAL	-	22

(b) Institutional.

(i) Employed in homes and hospitals under the National Health Service Act. ...	-	26
(ii) Employed in homes and hospitals not under the National Health Service Act. ...	-	3
TOTAL	-	29
GRAND TOTAL	-	51

Number of sets of apparatus for the administration of gas and air analgesia in use by domiciliary midwives employed in the Authority's domiciliary midwifery service - 20.

Number of cases in which gas and air was administered by the domiciliary midwives employed in the Authority's domiciliary midwifery service:-

(a) When acting as midwife - 183
(b) When acting as a maternity nurse - 306

Municipal Domiciliary Midwifery Service.

Particulars of the work of the Domiciliary Midwives during the year.

Average number of midwives employed during the year	-	22
Total number of bookings ...	-	1,145
Total number of notified births ...	-	1,080
Total number of cases ...	-	1,117
Total number of ante-natal visits ...	-	8,564
Total number of post-natal visits ...	-	19,[illegible]
Number of midwives holding ante-natal clinics in their own homes	-	21
Total number of patients examined at these clinics	-	4,741
Number of ante-natal patients referred to Medical Officer's Ante-Natal Clinic ...	-	393
Of the patients referred to Medical Officer's Ante-Natal Clinic, number transferred to Maternity Hospitals	-	31

Number of cases in which Medical Aid was summoned during the year under Section 14(1) of the Midwives Act, 1918	-	238
Number of cases transferred to hospitals by private practitioners	-	51
Number of cases transferred to hospital due to home conditions or insufficient home help ...	-	21
Number of cases where midwife was called in by Private Practitioners for abortions ...	-	53

'Flying Squad.'

The organisation continued as outlined in my report for 1949.

The 'Flying Squad' was called upon 13 times during the year - seven times to domiciliary cases and six times to private nursing homes.

There were twelve cases of retained placenta and post-partum haemorrhage, nine of whom received blood transfusions by the 'Flying Squad'; and in two cases, the patients were transferred to hospital to complete treatment.

There was also one case of haemorrhage with miscarriage.

A Consultant Obstetrician was called in for each case.

HEALTH VISITORS.

Under Section 24 of the National Health Service Act, 1946, it was envisaged that health visitors would be employed for the purpose of giving advice as to the care of persons suffering from illness, to expectant mothers and nursing mothers and to mothers and others having the care of young children. This involved an extension of the original functions of health visiting whereby the health visitor was normally concerned only with the care of young children. After the introduction of the Act her duties were the concern of the health of the household as a whole, including the preservation of health and precautions against the spread of infection, an increasingly important part in health education and lastly the closest co-operation with the family doctor.

In order that these increased functions should be reasonably met, the establishment of health visitors was increased; unfortunately, there has been a shortage of health visitors and the staff has decreased to 27 in the year under review from 32 for the previous year. It has therefore been quite impossible to meet these extended functions for after health visitors make regular attendances at Ante- and Post-Natal Clinic and Infant Welfare Clinics and act as School Nurses, there has been very little time left to cope with the extended functions and work in the community. Nevertheless, it is gratifying to note that although the staff had decreased during the year, the total number of visits made by the health visitors - 45,755 - was only 275 less than that of the previous year. The majority of these visits were made to the homes of children under five years of age.

Towards the end of the year the Committee seriously considered the shortage of staff and recommended to Council (since accepted) that as many as possible of the health visitors should be relieved of all routine clinic work during Ante- and Post-Natal and Infant Welfare Clinics and that a certain number of State Registered Nurses be appointed to undertake these routine duties. In this manner, it was felt that the health visitor wouldthen have more opportunity of carrying out the very important work of health education and there would be more time available to work in the community. At the time of writing this report, five State Registered Nurses have been appointed to undertake these routine duties at the clinics and the little experiences so far gained indicates that good results will be obtained by the end of the year.

During the year under review, by arrangement between the Local Hospital Management Committee and the Local Health Authority, health visitors visited the homes of all expectant mothers who had applied for admission to hospital on the grounds of purely social circumstances. A report was completed in respect of each case and this was used as a basis for consideration by the Hospital Management Committee when the application was before the appropriate Sub-Committee. Generally, this scheme functions quite smoothly and once more indicated the value of health visitors undertaking this type of social work.

Visits made by Health Visitors during the year.

	First Visits.	Total Visits.
Expectant Mothers ...	698	743
Children under one year of age	2,666	13,514
Children between the ages of one and under five ...	-	21,926
Other cases ...	2,120	9,572
TOTAL ...	5,484	45,755

HOME NURSING.

When the Act came into force, this Authority had no direct experience of a Home Nursing Service and such experience which we possessed was limited to a knowledge of the type of work undertaken by the now defunct Voluntary District Nursing Associations. The new Act placed a duty on the Local Health Authority to provide nurses to attend persons who for various circumstances, required nursing in their own homes. The 12 nurses employed by the Voluntary District Nursing Associations operating in this area were taken over and formed a nucleus of the staff and for the last six months of 1948, attended 830 cases and made 17,547 visits.

In 1949, the work increased because more people became aware of facilities available, general practitioners, who were already overburdened with the number of patients on their lists, made greater use of the facilities provided and the service was extended to cater for all the districts in the area of the Authority. Consequently, it was necessary to increase the staff and during the year, 1,968 cases were attended and 53,113 visits were made to these cases.

In the year under review, it was necessary to further review the establishment as the case loads of the nurses became very heavy particularly in some of the more densely populated areas of the town. In many instances, the case loads were adjusted by altering the areas in which the nurses worked, but the Committee also authorised an increase of the establishment so that at the end of the year, 18 were employed full time and 4 on part time relief. The number of cases attended was 2,144 and visits made 59,169, an average of nearly 3,000 visits per nurse, a similar average to that of the previous year.

The growing number of cases and visits paid by the nurses is an indication that the service is much appreciated both by general practitioners and the patients and it is apparent that as long as the number of hospital beds is deficient, this service will be kept very busy nursing either patients awaiting admission to hospital or those cases who have been prematurely discharged so that hospital accommodation is made available for other urgent cases.

During the year, much good work was done in respect of tuberculous patients being nursed at home whilst awaiting admission to hospital. As Streptomycin became available commercially, it was realised that many cases would be treated at home with this drug either by itself or in conjunction with P.A.S. As no member of the staff had any previous experience of its use, it was arranged for Dr. T.W. Davies, the local Chest Consultant, to lecture the staff with regard to its use and this lecture proved to be very beneficial and was greatly appreciated by all concerned.

Arrangements were also completed during the year for all district nurses to be provided with telephones ensuring that the service was readily available during any emergency. Transport, when required, was provided by the Ambulance Service.

The following information shows the extent of the demands made on the Service:-

Cases.

Number of cases at beginning of year -	308	
New cases taken on during the course of the year ... -	1,836	2,144
Number of cases removed from the register ...		1,765
Number of cases remaining on the register at the end of the year. ...		379

Visits.

Total number of visits made by all nurses during the year.	59,169

AMBULANCE SERVICE.

At the end of the year there were 10 ambulances in operation, 8 of which had been delivered since the operation of the Act. In my report for the year 1949, I referred to the delivery of a sitting-case car. However, after due trial, this vehicle did not meet with the requirements of a sitting-case car and consequently, with the approval of the Welsh Board of Health, it was transferred on the 30th August for use in respect of general health service purposes. The Committee approved a recommendation that four of another type of sitting-case car should be ordered but at the end of the year, not one had been delivered. This was due to the general supply position in the commercial vehicle market.

This service is operating most efficiently but there are certain peak hours when both vehicles and staff are strained to the maximum degree meeting the requests for assistance. These peak periods are between the hours of 8.30 a.m. and 5.30 p.m. and the volume of traffic is largely attributable to the extent of out-patient work being undertaken at the local hospitals. There are, however, two problems which are causing some concern. The first is the alleged abuse of ambulances; the second, provision of a depot which would give suitable accommodation for both vehicles and staff. Referring to the first of these problems. Hospitals and general practitioners are continually reminded that when ambulance transport is required for a patient, the question to be considered is one of medical necessity for such transport. When a case of abuse is drawn to our attention, the hospital or doctor concerned are contacted and failing a satisfactory answer, the service is withdrawn. Nevertheless, there are some cases which still "slip through," because, as has been previously mentioned, the operational staff are so busy controlling the traffic during the peak hours that the immediate opportunity of discussing the case has been lost. I would, however, make a strong appeal for the co-operation of all concerned - general practitioners, hospital staff, patients and the general public - in an effort to stamp out this abuse of the ambulances. Not only does it increase the cost to the ratepayers and the public of an already costly but nevertheless desirable public service, but far more important, it may be the means of depriving a patient of ambulance transport - perhaps with the consequent loss of life - when it is really urgently needed.

With regard to the provision of a suitable depot, the Committee has agreed to the construction of a new one at a site in Gors Road. Progress is very slow due to many factors such as the restriction on capital programmes, shortage of materials and shortage of professional staff in the Architect's Department. It is hoped that during 1951, progress in this direction will be accelerated.

The service had no recourse to call upon supplementary services during the year. It was also possible to observe the effect of the three months continuing need principle of the Amendment Act, 1949 as opposed to the one day principle of the 1946 Act. In my report for 1949, I stated that there were grounds for believing that since Swansea was a large hospital centre, the operation of the Amendment Act would be to our advantage. This statement is borne out by the mileage figure for the year 1950 which at 225,502 is nearly 20,000 miles less than the corresponding figure of the previous year. It is also of interest to record that whereas the number of journeys for 1950 is 3,015 less than 1949, 5,658 more patients were carried and this reflects credit on the operational staff in making maximum use of the ambulances.

At the end of the year, the Authority had placed an order for the provision of radio telephone equipment in six ambulances and it was anticipated that it would be in service at about April, 1951. At the time of writing this report, the equipment has been installed and its effect will be the subject of comment in my next report.

The following table gives particulars of the work done during the year:-

	Number of vehicles at 31st. December, 1950.	Total No. of journeys during the year.	Total No. of patients carried during the year.	Number of accident & emergency journeys included in total number of journeys for the year.	Total Mileage.
Directly Provided Service.					
Ambulances.	10	15,909	33,402	4,119	223,524
Cars.	—	212	254	35	1,979
TOTAL	10	16,121	33,656	4,154	225,503

PREVENTION OF ILLNESS - CARE AND AFTER-CARE.

This Section is permissive insofar as the Local Health Authority may make arrangements for the care and after care of sick or mentally defective persons but it also requires authorities to make arrangements to the extent directed by the Minister. The Minister has directed that arrangements shall be made for the purpose of preventing Tuberculosis and the care and after care of persons suffering from Tuberculosis.

The Department makes arrangements in approved cases, for the supply of bed and bedding in order to segregate the patients; nursing equipment is also loaned when recommended by the family doctor or district nurse. The department enters into full co-operation with the Housing Department and the local Chest Consultant with respect to the re-housing of certain priority tuberculous patients and as will be observed from the report of the Housing Manager on another page, 38 such families were re-housed during the course of the year. Health visitors visit the homes of patients and give advice regarding the nursing and segregation of contacts and if in any particular case, they are of the opinion that the general conditions of the family should be improved, they submit a report for action within the Department.

There is also a Tuberculosis Sub-Committee of the Health Committee to consider all aspects and problems connected with tuberculosis. The local Chest Consultant has been co-opted to this Committee in an advisory capacity. At the end of the year, attention was being given to the B.C.G. Vaccination of all children, particularly contacts, and it is hoped that, during the course of the next year, this scheme will be in operation.

Under this Section also, a large stock of sick room equipment has been purchased and is provided on loan to patients, when recommended by the general practitioners or nurses. The type and extent of equipment loaned during the year is shown in the table below. A deposit of 5/- is paid in respect of each article borrowed, repayable when the article is returned in good order. In the case of Old Age Pensioners and persons in receipt of National Assistance, the deposit fee is waived.

Tuberculosis.

Re - Housing	Number of cases in which priority housing was given.	38
Bed and Bedding	Number of applications for a supply of bed and bedding.	22
	Applications not furthered	6
	Number granted free supply	2
	Number granted supply on repayment	4
	Number referred to National Assistance Board.	10

All Illnesses.

Number of medical and surgical appliances issued:-

Urinals	31
Bed-pans	83
Bed-rests	76
Air-rings	163
Mackintosh sheets	104
Invalid chairs	3

HOME HELPS.

The organisation of this service is similar to that outlined in my report for 1949. There was further evidence during 1950 of the increased demand for home helps and 255 cases were serviced during the year compared with 89 cases for the period April to December, 1949. The analysis of the cases is shown below:-

Maternity, including Expectant Mothers	-	50
Tubercular cases ...	-	9
General sickness of members of family	-	80
Old Age Pensioners ...	-	107
Blind ...	-	9
TOTAL	-	255

It will be observed that the greatest number of cases serviced is in respect of the aged and infirm and our experience indicates that these cases require domestic assistance of a continuing nature since the applicants are unable to undertake any domestic duties themselves. Consequently, a help may be employed on the same case or cases for periods up to, and in some instances, in excess of, six months. In any emergency these helps are withdrawn to assist the other categories seeking assistance. As many cases are serviced for lengthy periods, the turnover of cases serviced during the year is relatively small and this in turn reflects on the average cost per case serviced. It may seem that the average cost per case is excessively high but it must be remembered that this is due to the long periods spent assisting certain cases and that therefore the average cost should be considered together with the average number of weeks each case is serviced.

In October of this year the scale of charges was reviewed and this had the effect of reducing the charges payable by applicants.

MENTAL HEALTH.

Administration.

The administration is similar to that outlined in the report for 1949.

The matters relating to Mental Health are considered by the Health Committee of the Local Health Authority. Any question of a controversial or important nature is referred to the Standing Health Sub-Committee for consideration and report.

Co-operation with Voluntary Organisation.

The Brighton Guardianship Society continued to supervise two patients for this Authority until November, 1950, when one female patient was discharged from order.

Work undertaken in the Community.

(1) Section 28 - National Health Service Act, 1946.

Periodic visits were made by the Supervising Officer and help and advice given where required.

(2) Lunacy and Mental Treatment Acts.

Cases dealt with under the Lunacy and Mental Treatment Acts, 1930 by the Authorised Officers were as under:-

(a) Admitted to Cefn Coed Mental Hospital:-

(i) Summary Reception Orders	-	117
(ii) Urgency Orders	-	28
(iii) Voluntary Patients	-	17
(iv) Temporary Orders	-	1
		163
(b) No Statutory Action taken	-	224
		387

Where no statutory action was taken, helpful advice was given by the Officers. An Authorised Officer is available at any time during 24 hours.

(3) Mental Deficiency Acts.

Particulars of Mental Defectives ascertained during the year 1950.

(A) Ascertainment.

		Male.	Female.	Total.
(a) Cases reported by the Local Education Authorities (Section 57 - Education Act, 1944) -				
(i) Under Section 57(3)	-	5	3	8
(ii) Under Section 57(5)	-	3	2	5
(b) Other Cases reported during 1950 and ascertained to be "subject to be dealt with"		2	1	3
Total Cases ascertained to be "subject to be dealt with" during the year	-	10	6	16
(c) Other cases reported during 1950 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable	-	-	-	-
Total number of cases reported during the year	-	10	6	16

(B) Disposal of cases reported during the year.

		Male.	Female.	Total.
(a) Cases ascertained to be "subject to be dealt with"				
(i) Admitted to Institutions (by order)	-	1	1	2
(ii) Placed under Guardianship (by order)	-	-	-	-
(iii) Taken to "places of safety"	-	1	-	1
(iv) Placed under Statutory Supervision	-	8	5	13
(v) Died or removed from area	-	-	-	-
(vi) Action not yet taken	-	-	-	-

	Male.	Female.	Total.
(b) Cases not at present "subject to be dealt with"			
(i) Placed under Voluntary Supervision -	-	-	-
(ii) Found not to be defective -	-	-	-
(iii) Died or removed from area -	-	-	-
(iv) Action not yet taken -	-	-	-
TOTAL -	10	6.	16

On the 31st December there were 32 cases (17 male and 15 female) awaiting vacancies in Mental Deficiency Institutions.

Cases in the care of the Authority on the 31st December, 1950 were:-

	Male.	Female.	Total.
Under Guardianship ...	1	-	1
In Places of Safety ...	8	7	15
Under Statutory Supervision	130	144	274
Under Voluntary Supervision	67	55	122
On Licence from Institutions	6	3	9

During the year, 235 cases (133 male and 102 female) ceased to be in need of community care.

Admitted to Institutions	1	4	5
Died or removed from area	3	6	9

There are 157 cases (86 male and 71 female) in Mental Deficiency Institutions, including those on licence.

The number of visits made by the Supervising Officer was 617 while the two Authorised Officers made 457 visits.

The number of visits made to After-Care Cases was 80.

Training.

The number of Mental Defectives receiving training in day training centres on the 31st December, 1950, was:-

	Male.	Female.	Total.
Under 16 years of age	10	12	22
Age 16 years and over	30	10	40
TOTAL ...	40	22	62

There are two day training centres and information regarding each is shown below:-

Occupation Centre.

This Centre is housed in Mount Pleasant Baptist Chapel Schoolroom, Aberdyberthi Street.

The following table shows the number on the register and attending.

On Register January 1st, 1950.	20	
Transferred to Certified Institution	1	
Transferred to Male Centre	-	
Transferred to Girls Handicraft Centre	-	
Ceased to attend	2	Glamorgan Cases.
New admissions	6	
On Register December 31st, 1950	24	
Statutory Cases	23	
Voluntary Case	1	
Average attendance	15	

13 of the pupils are brought to the Centre by guides and 7 by parents.

Female Handicraft Centre.

This is held in the same premises as the Occupation Centre but in a separate part of the building and is under the care of the same staff.

On Register January 1st, 1950	10
New admissions	-
Transferred from Occupation Centre	-
Transferred to Certified Institution	1
Ceased to attend	-
On Register December 31st, 1950	9
Average attendance	8

3 of the pupils are brought to the Centre by guides.

During the year, training was provided at the Occupation and Handicraft Centres for three pupils from the area of Glamorgan County Council who pay the cost of such training.

Male Industrial Centre.

Number on Register January 1st, 1950	41
Transferred to Certified Institution	1
Ceased to attend	-
New admissions	2
Transferred from Occupation Centre	-
On Register December 31st, 1950	41
Average attendance	31.5
Number of Glamorgan Cases attending	4

Attendance at all these Centres is voluntary.

Other Remarks.

Entertainment is provided for both Centres in the form of a Christmas Party, Pantomime and summer picnics to Barry and Port Eynon.

A Holiday Grant was made to a patient under Statutory Supervision to enable him to have a summer holiday.

Mid-day meals are still cooked at the Occupation Centre for both Centres. The senior girls assist the cook in the preparation of the meals.

NATIONAL ASSISTANCE ACT, 1948.

A Report on the Local Authority Services provided in accordance with Part III of the Act.

Administration.

In response to a request of this Authority, the Minister of Health has directed that all matters relating to the discharge of the Council's functions under Part III of the National Assistance Act, should stand referred to the Health Committee and the Welfare Services of this Act are now part of the Health Department.

Mr. T. Leonard James has been appointed Lay Administrative Officer in charge of these services, together with the Mental Health Services under the National Health Service Act, 1946, under the general direction of the Medical Officer of Health.

These services are briefly as follows:-

Residential & Temporary Accommodation.

Residential and Temporary Accommodation is provided in the Old Poor Law Institution now known as Mount Pleasant Hospital, a Joint User Institution under the control of the Glantawe Hospital Management Committee.

The Accommodation available to this Authority is contained in Blocks 1, 5, 7, 9 and 10, together with the vagrants' cells near the Main Gate - a total of 215 beds.

During the year, four rooms near the Main Gate of the Hospital were converted, redecorated and furnished to provide accommodation for 8 males, on the lines of the accommodation it is proposed to provide in the New Homes for the Aged.

The following are the numbers admitted to and discharged from Part III Accommodation during the year:-

	Male.	Female.	Children under 16 years.	Total.
Number on 31st December, 1949.	82	56	15	153
Number admitted during 1950.	120	99	78	297
Number discharged during 1950.	104	84	78	262
No. remaining on 31st December, 1950. ...	98	71	15	184

The number of residents on the 31st December, 1950, was made up as follows:-

A. Residential Accommodation.	Male.	Female.	Total.
1. Aged	41	23	64
2. Physically & Mentally Infirm.	35	15	50
3. Blind or Partially Sighed. ...	8	8	16
4. Deaf and Dumb	-	1	1
5. Crippled	4	9	13
TOTAL ...	88	56	144
B. Temporary Accommodation.	10	15	25
Children.	...		15
TOTAL ...	...		184

Arrangements with Other Local Authorities.

During the year, arrangements were made with other local authorities for the accommodation of seven aged and infirm persons and six persons were provided with temporary accommodation.

In addition to the accommodation at Mount Pleasant Hospital, the following houses have been purchased for adaptation into Homes for the Aged:-

"Earlsmoor," Bryn Road.
"Tuxedo," Eaton Crescent.
"Ingledene," 82 Eaton Crescent.
"Eirianfa," 112 Eaton Crescent.
West Cross House, West Cross.

Work on the adaptation of "Earlsmoor," "Ingledene," and "Tuxedo" was commenced during the year and it is hoped to open the first Home - "Earlsmoor" - in July, 1951.

Prince of Wales Road Disaster.

Three houses in Prince of Wales Road collapsed with a loss of life to seven persons. It was also considered advisable that the families in eleven adjacent houses should be evacuated. In all, 31 families - a total of 71 persons - were rendered homeless.

Many of these families were immediately rehoused by the Housing Department; others stayed with relatives and friends until rehoused and 8 families (a total of 21 persons) were given temporary accommodation at "Ingledene," 82 Eaton Crescent (one of the Homes for the Aged awaiting adaptation) until they could be rehoused.

In addition, through the co-operation of the Housing Manager, four families who had lost all their possessions were equipped with beds and bed linen, until they were supplied with articles from a Fund organised by His Worship The Mayor (Alderman W.G. Rees, J.P.) to relieve the distress of these families.

Voluntary Organisations.

Arrangements were made with the Glyn Vivian Home of Rest for the Blind, Caswell for the maintenance of three Swansea cases at the Home.

Welfare of the Blind.

1 Certificated Home Teacher and 1 Unqualified Assistant are employed in the Welfare of the Blind and arrangements have been made with the South Wales Institution for the Blind for the carrying out as agents of the Council's functions in the employing in workshops of blind persons.

The following are the statistics relating to blind persons as at the 31st December, 1950:-

Age Groups of Registered Blind Persons.	M.	F.	T.
0 - 1	-	-	-
1 - 5	-	1	1
5 - 16	2	2	4
16 - 21	-	2	2
21 - 40	19	20	39
40 - 50	14	9	23
50 - 65	49	31	80
65 - 70	20	14	34
70 +	52	90	142
	156	169	325

Age at onset of Blindness.	M.	F.	T.
0 - 1	15	17	32
1 - 5	6	3	9
5 - 10	5	7	12
11 - 15	2	1	3
16 - 20	5	4	9
21 - 30	14	8	22
31 - 39	12	10	22
40 - 49	18	16	34
50 - 59	26	13	39
60 - 64	13	16	29
65 - 69	14	19	33
70 +	26	55	81
	156	169	325

Blind Persons registered as

New Cases.	M.	F.	T.
0 - 1	-	-	-
1 - 5	-	-	-
5 - 16	-	-	-
16 - 21	-	-	-
21 - 40	-	1	1
40 - 50	1	1	2
50 - 65	5	2	7
65 - 70	3	5	8
70 +	11	22	33
	20	31	51

Age at onset of Blindness -

New Cases.	M.	F.	T.
0 - 1	-	-	-
1 - 5	-	-	-
5 - 10	-	-	-
11 - 15	-	-	-
16 - 20	-	-	-
21 - 30	-	2	2
31 - 39	-	-	-
40 - 49	1	-	1
50 - 59	4	-	4
60 - 64	2	4	6
65 - 69	2	6	8
70 +	11	19	30
	20	31	51

Occupation of Blind Persons.	M.	F.	T.
Handymen ...	3	-	3
Home Teachers ...	1	-	1
House to House Collectors	1	-	1
Basket and Caneworkers	11	-	11
Mat Makers ...	5	-	5
Brush Makers ...	5	-	5
Knitters ...	-	4	4
Factory Workers ...	3	-	3
Secretaries & Typists	2	-	2
Artificial Flower Makers	-	6	6
Travellers ...	1	-	1
Piano Tuners ...	2	-	2
Mattress Makers ...	7	-	7
Solicitors ...	1	-	1
Bank Messenger ...	1	-	1
Physiotherapist ...	1	-	1
	44	10	54

Distribution of Blind Persons.	M.	F.	T.
No training but trainable	4	2	6
Employed ...	44	10	54
Under technical training	-	-	-
Under school age ...	-	1	1
In elementary school	-	1	1
In school for the blind	2	2	4
Trained but unemployed	1	-	1
Not available for work	4	37	41
Unemployable ...	101	116	217
	156	169	325

Physically & Mentally Defective.	M.	F.	T.
Multiple defects ...	2	-	2
Mentally disordered ...	3	-	3
Mentally defective ...	2	2	4
Physically defective	13	13	26
Mentally & physically defective	-	-	-
Mentally disordered and deaf	1	-	1
Deaf without speech ...	-	-	-
Deaf with speech ...	3	3	6
Hard of hearing ...	6	17	23
	30	35	65

Blind Persons in Homes and Hospitals.

Residential Accommodation provided under Part III of the National Assistance Act, 1948.		Other Residential Homes.	Mental Hospitals.	Mental Deficiency Institution.	Chronic Wards of Hospitals
Homes for the Blind.	Other Homes				
2	9	1	4	1	2

Children of School Age.

	Normal.		Mentally Defective.	
	Male.	Female.	Male.	Female.
In Schools for the Blind.	2	2	-	-
In other Schools	-	1	1	-
Not at School.	-	-	-	-
	2	3	1	-

Five cases were transferred from the Authority during the year, whereas six cases were transferred to the Authority. The number of blind persons who died during the year was 35.

Registration of Disabled and Old Persons.Homes.

The following Homes were registered during the year under Section 37:-

"Bloomfield Eventide Home."
Glynn Vivian Home of Rest for the Blind.

The Lay Administrative Officer and myself have been appointed by the Council to inspect such Homes on their behalf.

Removal of Persons in need of Care and Attention.

No applications have been made to the Court for the removal of persons in need of care and attention in accordance with Section 47.

Care of Property.

A Register of Property of those persons admitted to Hospital or Residential Accommodation is maintained by the Department and during the year, the property of six persons was taken into care to prevent loss or damage.

Burial of the Dead.

Nine burials were carried out during the year in cases where no arrangements were being made by other persons. The cost or part cost of burial was recovered in five cases.

HOSPITALS AND NURSING HOMES.

Hospitals.

The following tables relating to Local National Health Service Act Hospitals have been kindly supplied by the Secretary of the Glantawe Hospital Management Committee.

Statistics for the period 1.1.50 - 31.12.50.

	Swansea Hospital including Annexes	Morriston Hospital.	Hill House Isolation Hospital.	Stout-hall Maternity Hospt.	Fairwood Maternity Hospital.	Mount Pleasant Hospital.
Beds.						
Complement on 31.12.50.	403	450	118	22	16	276
Average no. available throughout the year.	369.72	393.88	98.53	22.09	15.75	269.73
In-Patients.						
No. in hospital on 31.12.49. ...	293	317	68	11	7	234
No. admitted during the year. ...	5,463	5,384	920	577	397	1,412
No. treated to a conclusion. ...	5,437	5,376	912	571	392	1,434
No. remaining in hospital on 31.12.50.	319	325	76	17	12	212
Average no. resident throughout the year.	312.24	348.90	67.21	18.39	12.19	234.00
No. of births during the year - Live	-	430	3	519	309	285
Still	-	34	-	9	10	10
No. of patients awaiting admission on 31.12.50. ...	2,544	515	-	-	-	45
Out-Patients.						
No. of new Out-patients during the year.	50,259	16,680	-	-	-	38
No. of Out-patient attendances during the year. ...	209,401	55,073	-	-	-	38
Average Number of Days each Patient was Resident.						
Analysis showing the average stay in days of patients discharged after:-						
Confinement ...	-	10.82	-	11.72	11.43	12.32
Treatment for Pulmonary Tuberculosis.	-	245.90	7.00	-	-	203.07
Treatment as Psychiatric Patients.	-	-	-	-	-	1267.78
Treatment as Chronic Sick Patients.	-	-	-	-	-	208.92
Treatment for any other condition.	20.72	20.63	25.19	14.67*	6.50*	21.46

* Infants remaining in hospital for neo-natal care after the discharge of the mother.

Classification of Patients admitted during the year.

	Swansea Hospital including Annexes	Morriston Hospital.	Hill House Isolation Hospital.	Stouthall Maternity Hospital.	Fairwood Maternity Hospital.	Mount Pleasant Hospital.
Medical ...	981	1,787	-	-	-	187
Surgical ...	2,511	1,652	-	-	-	336
Gynaecological .	440	310	-	-	-	336
Orthopaedic ...	3	275	-	-	-	-
Maternity -						
Ante-Natal ...	-	-	-	57	76	2
Normal ...	-	591	-	455	169	319
Abnormal ...	-	-	22	61	131	-
Post-Natal ...	-	-	-	1	11	3
Puerperal Pyrexia	-	-	33	-	-	-
Dermatological .	43	3	-	-	-	7
Ophthalmic ...	520	-	-	-	-	-
E.N.T. ...	595	21	-	-	-	-
Cancer ...	176	126	-	-	-	5
Fractures ...	169	145	-	-	-	-
Neurological ...	-	92	-	-	-	-
Neurosurgical ..	-	256	-	-	-	-
Diabetic ...	-	51	-	-	-	-
Chronic Sick ...	-	-	-	-	-	171
Infectious Diseases	-	-	815	-	-	-
V.D. ...	25	-	-	-	-	-
Tuberculosis ...	-	64	50	-	-	46
Neo-Natal Care	-	-	-	3	10	-
Dental ...	-	11	-	-	-	-
TOTALS ...	5,463	5,384	920	577	397	1,412

Nursing Homes.

The number of homes registered under the Public Health Act, 1936 is five, one less than last year. These homes provide a total of 45 beds, 16 of which are maternity beds.

The three midwives employed in these homes are qualified to administer gas and air analgesia. During the year, 302 maternity cases were attended to, 20 more than last year - and in each case the midwife acted as a maternity nurse.

ENVIRONMENTAL HEALTH SERVICES.

Meterological Observations.

I am indebted to the Parks Superintendent for the following report on the Meterological Observations made at Victoria Park, Swansea.

Particulars of Climatological Station.

Position of Station - Victoria Park.
Latitude - 51° 37'N.
Longitude - 3° 55' W.
Height above sea level - 25 ft.

Summary of Observations.

Lowest reading of Barometer for year - 29.058 on 13.2.50.
Highest reading of Barometer for year - 30.584 on 5.3.50.
Lowest Temperature - Glass broken.
Highest Temperature - 81°
Highest temperature in sun - 130°
No. of days on which rain fell - 236
Total rainfall - inches - 51.93
No. of hours sunshine - 1,452
Prevailing winds - S.W.

Daily Amount of Sunshine.

Day	Jan.	Feb.	Mar.	Apl.	May.	Jne.	Jly.	Aug.	Sep.	Oct.	Nov.	Dec.	Day
1	.00	.0	1.4	0.5	5.7	13.1	11.3	9.1	No	5.2	1.5	.0	1
2	.00	.0	.0	5.0	8.6	5.2	13.6	8.8	Rec	.0	.0	3.6	2
3	.00	2.1	.0	8.7	5.5	13.4	7.7	12.3	ta-	0.2	7.3	3.5	3
4	.00	.0	1.9	3.9	6.3	13.6	0.3	3.9	ken	3.8	3.6	3.7	4
5	.00	1.2	4.7	0.9	4.5	11.5	3.4	7.2	"	5.1	7.5	6.1	5
6	.00	4.8	4.3	0.6	11.0	13.9	3.2	4.1	.0	1.1	1.3	2.4	6
7	2.0	2.3	9.2	6.7	3.3	7.8	3.1	9.7	10.3	1.2	6.4	1.4	7
8	.00	4.5	0.1	.0	0.2	1.3	4.7	.0	.0	3.9	.0	1.2	8
9	0.4	.0	2.7	0.9	3.6	14.3	9.2	8.4	0.9	2.6	3.3	.0	9
10	.00	.0	2.7	3.1	10.5	14.7	2.6	9.0	5.6	1.3	.0	.0	10
11	.00	2.7	5.3	9.3	13.7	13.9	12.7	.0	0.8	3.7	1.2	4.7	11
12	2.8	.0	6.6	10.8	13.8	10.2	7.3	.0	2.7	7.9	0.3	0.6	12
13	.03	4.6	1.6	7.4	13.6	.0	2.2	11.2	0.2	.0	5.2	0.2	13
14	.00	1.4	0.2	8.5	13.9	0.2	13.9	2.0	9.9	6.0	7.1	.0	14
15	.00	.0	1.8	4.6	13.7	10.5	1.9	.0	.0	0.1	0.2	4.4	15
16	4.4	0.1	2.6	8.4	6.7	9.6	2.1	9.6	0.1	7.4	2.1	0.6	16
17	6.9	2.9	3.3	.0	8.1	1.0	4.1	3.5	7.3	.0	5.5	5.8	17
18	.00	.0	.0	7.3	0.7	2.9	.0	7.5	9.1	0.4	1.3	1.1	18
19	6.6	.0	3.2	11.5	2.8	6.6	.0	8.8	.0	0.1	0.8	0.6	19
20	5.7	2.8	5.0	9.5	7.9	8.5	0.6	.0	9.0	0.3	1.6	.0	20
21	5.9	7.9	7.9	7.2	2.1	3.7	7.7	10.3	6.5	1.9	0.7	.0	21
22	1.0	0.1	.0	8.1	11.6	5.4	2.0	1.8	8.1	.0	0.6	.0	22
23	.00	.0	.0	6.4	0.9	10.1	7.0	8.9	1.6	0.1	3.1	.0	23
24	6.6	1.1	9.3	10.3	1.3	.0	10.5	4.2	1.5	2.7	2.1	.0	24
25	.30	1.0	10.6	2.4	.0	5.5	4.0	1.5	3.3	7.3	5.7	0.9	25
26	.00	9.1	8.6	4.8	1.8	.0	13.3	0.9	6.5	2.9	6.5	5.6	26
27	2.5	5.0	10.1	4.6	0.3	.0	13.6	3.9	.0	2.7	.0	.0	27
28	5.0	.0	3.3	0.5	13.6	2.5	8.6	No	.0	2.8	0.7	4.1	28
29	.00		8.5	.0	10.1	.0	11.1	Rec	4.4	7.5	3.5	.0	29
30	.00		5.2	0.5	10.5	11.9	.0	Taken	.0	0.1	1.8	.0	30
31	.00		.0		12.2		7.7			4.1		.0	31
Total	50.13	53.6	120.1	161.4	218.5	211.3	189.4	146.1	87.8	82.4	80.9	50.5	

Total amount during:

1941	...	1,455 hours.	1946	...	1,355 hours.
1942	...	1,521 "	1947	...	1,316 "
1943	...	1,549 "	1948	...	1,677 "
1944	...	1,464 "	1949	...	1,751 "
1945	...	1,341 "	1950	...	1,452 "

Daily Amount of Rainfall.

Day	Jan.	Feb.	Mar.	Apl.	May.	Jne.	Jly.	Aug.	Sep.	Oct.	Nov.	Dec.	Day
1	.01	.54	.00	.03	.05	.00	.00	.19	.60	.47	.31	.12	1
2	Trace	.52	.12	.07	.00	.00	.00	.05	.25	.06	.75	.04	2
3	.00	.37	.02	.05	.00	.00	Trace	.00	.15	.00	.00	.04	3
4	.04	.15	.00	.09	.10	.00	.00	.00	.25	.00	.00	.07	4
5	.24	.36	.00	.10	.00	.00	.09	.00	.03	.00	.00	.00	5
6	.07	Trace	.00	.01	.10	.00	.18	.05	.55	.19	.00	.14	6
7	.02	.35	.00	.01	.11	.00	.00	.00	.06	.00	.00	.01	7
8	.07	.40	.00	.10	.29	.00	.00	1.04	1.02	.18	.48	.05	8
9	.01	.48	.00	.14	.00	.00	.00	.10	.03	.39	.06	.41	9
10	.08	.54	.00	.06	.00	.00	.23	.04	.05	.12	.11	.15	10
11	.08	.09	.01	Trace	.00	.00	.00	.22	.11	.00	.48	.11	11
12	.00	.74	.00	.08	.00	.13	.00	.10	.15	.00	.46	.00	12
13	.03	.00	.00	.11	.00	.12	.65	.00	.34	.38	.10	.16	13
14	.10	.37	.17	Trace	.00	.00	.02	.10	.29	.73	.00	.56	14
15	.04	Trace	.13	.00	.00	.00	.47	.36	.20	.07	.31	.13	15
16	.11	.00	.25	.22	.00	.00	.59	.21	.28	.16	.07	.39	16
17	.00	.00	.16	.16	.00	.03	.23	.30	.01	.06	.06	.15	17
18	.00	.00	.19	.06	Trace	.10	.03	.07	.28	.03	.36	.15	18
19	.00	.94	.21	.00	.11	.04	.09	.65	.41	Trace	.50	.02	19
20	.00	.02	.23	.03	Trace	.11	.17	.84	.14	.00	.63	.08	20
21	.00	.00	.01	.00	.27	.41	.00	.05	.11	.00	.26	.00	21
22	.00	.13	.37	.24	.00	.53	.70	.11	.00	.22	.00	.00	22
23	.00	.66	.13	.07	.49	.03	.02	1.05	.75	.00	.00	.00	23
24	.00	.12	.00	.16	Trace	.21	.00	.26	.90	.00	Trace	.00	24
25	.00	.00	.00	.33	.42	Trace	.00	.19	.07	.00	.00	.00	25
26	.00	.00	.00	.03	.00	.08	.00	.09	.00	.13	.00	.00	26
27	.00	.00	.00	.03	.60	.03	.00	.04	.49	.04	1.02	.00	27
28	.00	.06	.00	.20	Trace	.02	.00	.60	.09	.00	.18	.00	28
29	.13		.00	.22	.00	.05	.23	.25	.35	.02	.02	.03	29
30	.14		.00	.20	.00	.00	.32	.15	.66	.56	.47	.85	30
31	.19		.00		.00		.02	.00		.05		.20	31
Total	1.36	6.84	2.54	2.80	2.54	1.89	4.04	7.51	8.62	3.86	6.63	3.84	

Total Amount During:

1941	...	33.54	inches.	1946	...	48.95	inches.
1942	...	39.34	"	1947	...	36.08	"
1943	...	43.39	"	1948	...	50.41	"
1944	...	42.42	"	1949	...	40.02	"
1945	...	45.60	"	1950	...	51.93	"

W A T E R.

Public Water Supply.

According to the Rate Books, the number of houses inhabited in 1950 was 40,189 of which it is estimated that 39,989 or 99.5% are connected to the public water supply.

The following report on the post-war development of the Undertaking, together with particulars of the Impounding and Service Reservoirs have been kindly supplied by the Borough Water Engineer and Manager.

Post War Development of County Borough of Swansea Water Undertaking.

The Post War Development of the Undertaking falls into two parts. The first deals with measures to augment existing sources of supply and the second measures taken to supply new areas, or improve the supply to some parts of the Borough already served.

The existing sources of supply were severely strained before 1939, during dry summers, when the average daily consumption throughout the year exceeded 7,250,000 gallons per day. A number of schemes then under consideration for improving the supply had to be abandoned with the outbreak of war.

By 1944, the average daily consumption had increased to 9,500,000 gallons, and the supply position was acute. Some short term measure to augment existing resources was urgently needed, and the agreement reached with the owners of the Danyrogof Caves, for the use of certain works, enabled the Undertaking to take up to 2,000,000 gallons per day of the waters of the River Llynfell into supply during dry period, when normal resources were overdrawn.

Agreements with the Usk Board of Conservators to reduce the statutory compensation water from Cray by up to 1,000,000 gallons per day again helped to alleviate the supply position. Despite these temporary measures it was not possible to supply all water needed in the Borough, or by the Authorities supplied in bulk, and restrictions on the use of water became almost an annual event. Curtailments of the supply for 12-13 hours a day for periods of 4-5 months during the summer months were often necessary.

In 1945 the Water Committee approved a proposal for the construction of a new Impounding Reservoir on the River Usk, capable of supplying in the first stage 8,000,000 gallons per day. The Council approved this proposal and after a Local Enquiry in December, 1947, work was commenced on the reservoir construction on January 2nd, 1950. It is hoped that water from this source will be available for use during the summer of 1955.

During 1950 the average daily consumption had risen to 11,250,000 gallons and the annual increase in consumption now appears to be about 250,000 gallons per day.

Development within the Borough dates from 1944 when proposals were put forward for supplying areas intended for housing development at Clase, Penlan and Gendros. The opportunity was taken to alleviate supply problems at Townhill Reservoir, which was rapidly becoming overdrawn by the increasing consumption in its supply area.

Work on the Clase Scheme commenced on 1st December, 1945 and the first section was brought into use in July, 1947. The scheme included:-

One - 2,500,000 gallon recovered Reservoir.
One - 250,000 " " "
One - 150,000 " R.C. Water Tower.
Two - Pumping Stations.
3,933 Yards 12" Spun Iron Concrete Lined Main.

One section of the Scheme deferred in the original programme is now under construction. This is the Clase Water Tower, which has a capacity of 150,000 gallons, with a top water level 72 feet above ground. It is intended to supply the housing site now being developed around Clase House and is expected to be completed in August, 1951.

To improve existing supply facilities and remove potential sources of pollution, two other reservoirs have been constructed, the first at Cwmdonkin with a capacity of 1,500,000 gallons. This R.C. covered Reservoir allowed the Department to discontinue the use of the old Storage Reservoir in Cwmdonkin Park - one of the first reservoirs constructed in the town. The new reservoir was put into operation during March, 1950.

The second reservoir was constructed to improve the supply in the West Cross area and provide a supply to the new West Cross Housing site. It is also covered and constructed in reinforced concrete and was first placed in service during December, 1950.

Finally the Department laid, mainly by direct labour, the following mains between 1st January, 1945 and 31st December, 1950, mainly for housing purposes, but in part for the redevelopment of the Town Centre.

3" Dia.		1,666 yds.
4" "	11 miles	1,115 "
6" "	9 "	1,457 "
9" "	3 "	1,066 "
12" "	2 "	1,182 "
18" "		92 "
24" "		28 "
Total -	28 miles	1,326 yds.

Impounding Reservoirs.

Impounding Reservoir.	Catchment Area Acres.	Average Rainfall in inches per annum.	Capacity of Reservoir in Million Gallons.	Top Water Level ft. A.O.D.
Cray.	2,680	85.01 (1900-1950). No. 2. Gauge	1,007	1,001.00
Upper Lliw.	1,014	62.62 (1892-1950).	297	615.25
Lower Lliw.	727	54.11 (1862-1950).	101	388.52
TOTAL	4,421		1,405	

Service Reservoirs.

Reservoir.	Capacity Gallons.	Top Water Level Feet Above O.D.
Clase.	2,500,000	547.2
Clyne.	750,000	417.0
Cwmdonkin.	1,500,000	240.0
Morriston.	4,500,000	342.0
Newton.	500,000	292.5
Penlan.	250,000	552.9
Penlan Tower.	150,000	602.0
Tir John.	750,000	333.0
Townhill.	3,000,000	579.5
Townhill Tower.	78,000	623.2
St. Thomas.	536,000	300.0

Chemical Analysis of Water.

21 Samples were taken during the year (i.e. 19from public supplies and reservoirs, 1 from a well and 1 from a Canal).

17 Samples were satisfactory, whilst reports on the four unsatisfactory samples are shown below:-

Unsatisfactory Public Supplies.

Chemical Results in parts per 100,000.

	E.6.	E.78.	E.79.
Reaction, pH	7.4	7.0	6.6
Total Solid Matter	6.5	20.5	5.5
Chlorine in Chlorides	0.9	2.2	1.0
Equivalent to sodium chloride	1.49	3.62	1.65
Free carbonic acid	0.06	0.44	0.11
Combined carbonic acid	0.81	2.33	0.26
= temporary hardness	1.85	5.3	0.6
Total hardness (by soap solution)	2.3	6.9	2.1
Free and saline ammonia	0.004	0.001	nil
Albuminoid ammonia	0.004	0.006	0.002
Oxygen absorbed in 4 hrs. at 80°F.	0.043	0.074	0.019
Nitrogen in nitrates	0.02	0.13	0.01
Nitrogen in nitrites	Very faint trace	nil	nil
Lead in solution	nil	nil	0.03
Total iron	0.18		
Iron in solution			0.12
Laboratory test for solvent action on new lead:-			
Lead in solution after 24 hours contact.		0.12	1.0
Concentration of total lead removed from foil.		0.19	6.1
Residual chlorine (parts per million)			nil

Observations.

E.6.

This sample is of satisfactory organic purity but it has a very marked greenish-brown colour (70 Hazen Units) which is due to the presence of iron and traces of manganese, both of which are doubtless derived from an iron pipe between the Swansea Corporation main and the house "Eastfield." The colour of this water and the proportion of iron present in it are objectionable and in my opinion the iron connecting pipe is corroded and requires replacement.

E.78.

The sample contained a considerable amount of suspended matter, microscopical examination of which showed that it consisted of organic debris impregnated with iron, solicecous particles, fibres and several anguillulae (nematode worms).

The results of chemical analysis indicate that there has been slight pollution of this water with matter of animal origin, most of which has become oxidised. The sample was neutral in reaction and had only a slight solvent action on new lead.

On the evidence obtained from the examination of this sample, I am of opinion that this water is unsatisfactory for use for drinking purposes in its present condition.

E.79.

The sample was opalescent and yellowish in colour (30 Hazen colour units). It was of good organic purity, but it had a low temporary and total hardness. The water has a strong solvent action on new lead, and the sample contained 0.03 parts of lead per 100,000, equivalent to 1/48th. grain per gallon. In this country the generally accepted maximum limit for lead in potable water is 1/50th. grain per gallon, i.e. approximately 0.03 parts per 100,000. It may be that at certain times of the day this proportion of lead is exceeded and in my opinion this matter should be watched. It is advisable for the water to be run off from the tap for a little while before collecting water for drinking, particularly first thing in the morning, so as to remove any that has been standing in the pipes.

In addition, the sample contained an undesirable proportion of iron. The presence of iron in amounts up to 0.02 parts per 100,000 is usually unobjectionable, but when it exceeds this amount complaints of discolouration and of turbidity or deposit are likely to arise.

These results emphasise the desirability of treating the water in order to increase its temporary hardness and raise its pH value. In this way the action of the water on metals could be prevented.

Miscellaneous sample from Canal J.1.

As a result of investigation into a smoke nuisance from a Chemical factory, a sample of water was obtained from an adjoining canal to ascertain the amount of deposits emanating from the factory. The analyst's report on this sample is as follows:-

Water from Canal.

The sample was turbid and black in colour due to the presence of suspended matter. On standing, the water became almost clear, with separation of very finely divided carbon as a scum on the surface and a deposit which consisted of coaly matter, vegetable debris, green algal threads and siliceous particles.

Bacteriological Examination of Water.

149 Samples were taken altogether during the year. Of these samples, the following table indicates in 4 categories that 115 samples were satisfactory and 34 samples were unsatisfactory or doubtful:-

	Taken.	Satisfactory.	Unsatisfactory.
(a) Public Supplies.	112	102	10
(b) Springs.	4	2	2
(c) Wells.	3	1	2
(d) Sea Water.	30	10	20
	149	115	34

The 112 samples taken from Public Supplies may be split up as samples taken from the following sources of supply:-

Source of Supply.	No. Taken.
(a) Cray.	14
(b) Cray & Danyrogof Mixed.	7
(c) Townhill.	20
(d) Newton.	11
(e) Lliw.	15
(f) Morriston Mixed.	20
(g) Cwmdonkin.	17
(h) Penlan Tower.	8
	112

Particulars of the 34 unsatisfactory samples are contained in the following tables:-

(a) Public Supplies.

No.	Source of Supply.	Remarks.
E.W. 3.	Morriston Mixed.	There is no faecal pollution but general bacteriological count is raised.
E.W. 24.	Centre of Cray Reservoir (before chlorination).	Slight faecal pollution.
E.W. 25.	Cray.	Slight degree of faecal pollution and must be regarded with suspicion.
E.W. 26.	Morriston Mixed.	do. do.
E.W. 44.	Cwmdonkin.	This water is not fully satisfactory as it contains a Coliform bacterium of intestinal type, though in very small numbers.
E.W. 50.	At Lliw Reservoir. (before chlorination)	Water contains no true faecal bacteria but contains Coliform bacilli probably of intestinal origin.
E.W. 55.	Townhill.	No indication of faecal pollution but saprophyte content is high for a town supply.
E.W. 91.	Cwmdonkin.	There is no faecal pollution but some excess of general bacteria.
E.W. 132.	Centre of Cray Reservoir (before chlorination).	This water shows a considerable degree of faecal pollution.
E.W. 137.	Lliw.	There is no faecal pollution. Saprophytes are in some excess.

(b) Well Supplies.

No.	Source of Supply.	Remarks.
E.W. 124.	Well outside The Cottage, Llanllienwen Road, Cwmrhydyceirw.	This water shows faecal pollution and is not fit for drinking purposes.
E.W. 135.	do.	This water shows a slight degree of faecal pollution and is not suitable for drinking purposes. (This well has been closed and a public main supply has been connected to the Cottage.)

(c) Spring Supplies.

No.	Source of Supply.	Remarks.
E.W. 71.	21 Druslwyn Road, West Cross.	This water shows faecal pollution and is quite unsatisfactory. Bas.Coli. Faecal Type 1.
E.W. 72.	do.	do. do. These samples were taken from spring water leading to Watercress Bed. Watercress bed has been discontinued.

(d) Sea Water.

No.	Position Taken.	Remarks.	
E.W.73.	Trafalgar Arch.	Faecal pollution.	No enteric, etc. bacteria found.
E.W.74.	Slip.	Heavy pollution.	do.
E.W.75.	Vivian Stream.	Heavy pollution.	do.
E.W.76.	Sketty Lane.	Faecal pollution.	do.
E.W.77.	Blackpill.	Heavy pollution.	do.
E.W.78.	West Cross.	Faecal pollution.	do.
E.W.79.	Norton.	do.	do.
E.W.96.	Trafalgar Arch.	do.	do.
E.W.97.	Slip.	do.	do.
E.W.98.	Vivian Stream.	do.	do.
E.W.99.	Sketty Lane.	do.	do.
E.W.100.	Blackpill.	do.	do.
E.W.101.	West Cross.	do.	do.
E.W.102.	Norton Road.	do.	do.
E.W.103.	The Dunns.	do.	do.
E.W.104.	Caswell Bay.	do.	do.
E.W.106.	Limeslade Bay.	do.	do.
E.W.107.	Bracelet Bay.	do.	do.
E.W.109.	Mumbles Pier.	do.	do.
E.W.110.	Southend.	do.	do.

Residual Chlorine Tests.

The number of tests carried out were 105, resulting as follows:-

94	showed	0.1 parts per million Residual Chlorine.
2	"	0.2 " " " " "
3	"	0.3 " " " " "
6	"	0.4 and over parts per million Residual Chlorine.
105		

The results falling into the latter category 0.4 and over were samples taken immediately after Chlorination or at points not far distant from point of chlorination.

Reservoirs.

3 routine visits were made to Cray, Upper and Lower Lliw Reservoirs for inspection of gathering grounds and gullies, which were found to be satisfactory.

SEWERAGE AND DRAINAGE.

Extensions to Sewers and Surface Water Drains for year ended December, 1950.

	Size of Soil Sewer and length in Yards.					Size of Surface Water Drain and length in Yards.							Length (Miles)
	6"	9"	12"	15"	18"	6"	9"	12"	15"	18"	21"	24"	
On Corporation Housing Sites (By Direct Labour)													
Waunarlwydd (Part 2).	975	214	-	-	-	-	432	266	-	-	-	-	3.54
West Cross (Part 3).	788	866	-	-	-	33	590	263	250	121	260	-	
Clase (Part 1).	-	62	-	-	-	-	186	419	278	184	53	-	
Other Sewers.													
Parkhill Road to Gwynfi Street. ...	-	152	-	-	-	-	-	-	-	-	-	-	1.56
St. Peters Road.	48	-	-	-	-	-	65	-	-	-	-	-	
Penlan (Part 3).	-	-	-	-	13	-	-	-	-	-	-	-	
Pentregethin Road (relaying existing Sewer).	-	-	-	-	252	-	-	-	3	-	-	-	
Mumbles Road - Ashleigh Road to Derwen Fawr.	175	176	75	-	-	-	-	-	-	-	-	-	
King George V Playing Fields (Culverting at Watercourse).	-	-	-	-	-	-	-	409	-	-	-	-	
Middle Road (Relaying existing Sewer).	-	-	-	359	-	-	-	-	-	-	-	-	
Rotherslade (Main Sewer).	-	449	-	-	-	-	-	-	-	-	-	-	
Rotherslade (Branch Sewer). ...	189	-	-	-	-	-	-	-	-	-	-	-	
Neath Road.	-	223	-	-	-	-	-	-	-	-	-	-	
Caemawr - S.W. Outfall for Clase Housing Site	-	-	-	-	-	-	-	-	-	-	-	25	
University Playing Fields (Rider Sewer).	-	-	132	-	-	-	-	-	-	-	-	-	
TOTAL LENGTH (YARDS). ...	2,175	2,142	207	359	265	33	1,273	1,357	531	305	313	25	5.10

PUBLIC HEALTH ACT.

Drains and Sewerage.

Inspections.

Sewers inspected (re connection) ...	695
Drains	370
Public Urinals	16
Owners or Contractors interviewed ...	477

Work done - Drains.

Drains tested, water	68
" " smoke	9
" " chemicals ...	89
New drains constructed ...	88
Drains re-laid	26
Drains repaired	62
Drains cleansed	130
Inspecting/intercepting chambers provided/repaired	22
Gullies fixed	51
Soil pipes or ventilating shafts fixed/ repaired	14
Troughs provided	2
Troughs trapped or waste pipes repaired	2
Bath wastes trapped or repaired ...	3
Lavatory basins trapped or waste pipes repaired	4

W.C'S.

Additional W.C's. provided ...	15
W.C's. reconstructed	15
Lighting and ventilation improved ...	1
New pan and traps fixed ...	72
Flushing apparatus provided ...	41
Flushing apparatus repaired ...	33
W.C's. cleansed	9
Miscellaneous repairs	16

Cesspools.

Cesspools abolished and house connected to sewer	47
Cesspool made watertight ...	1
Earth/pail closets inspected ...	161
" " " provided ...	1
" " " abolished ...	11

PUBLIC CLEANSING.

House & Trade Refuse.

The arrangements for the collection and disposal of house and trade refuse during the year under review are similar to preceding years, except that the Refuse Destructor was closed down as from June 16th, 1950, from which date all refuse was disposed of by controlled tipping.

The quantity of refuse collected during the year was 65,444 tons, and disposed of as follows:-

By incineration at the Refuse Destructor -	2,690 tons.
By controlled tipping ... -	62,754 tons.
	65,444 tons.

The controlled tips are at Clyne Valley, Port Tennant, Cwmbach Farm and Morriston Marsh.

Pail Closets.

There are still over 2,000 houses within the Borough without water flushed closets; these have pail closets, which are emptied weekly. The work is carried out at night time by a crew of four men with one mechanical vehicle, which has attachments especially designed for this class of work. The contents are discharged direct into the sewers.

Cesspools.

In addition to the houses with pail closets there are a number drained to cesspools. During the year, 162 houses were dealt with, the frequency of emptying varying from once to fifty-one times, representing 816 single operations. Contents are discharged from the machine direct into the sewers.

Street Gullies.

Accumulation of grit and debris were removed from street gullies at intervals of between six to seven weeks. After emptying and cleaning, the gullies are re-sealed with clean water, the operation being carried out by mechanical vehicles designed for this service.

The number of street gully cleansing operations carried out during the year was 68,791.

Kitchen Waste.

There are approximately 1,450 bins placed out in the streets, business premises, schools and canteens for the collection of kitchen waste. These bins are emptied twice, and in some cases, three times per week. Each bin, after emptying, is dusted with D.D.T. powder and at frequent intervals are returned to Depot where they are thoroughly cleansed. The quantity of kitchen waste collected during the year was 1,512 tons, which was delivered to the processing plant operated by P.R. Mosdal & Co. Ltd., Hafod Isha, Swansea.

The following inspections were made by the Sanitary Inspectors:-

Inspection of tips ...	23
Inspection of accumulations	37
Accumulations removed ...	15

TOWN AND COUNTRY PLANNING.

RECONSTRUCTION AND INDUSTRIAL DEVELOPMENT.

Town Planning.

Progress has been made on the preparation of the Development Plan, which should be submitted to the Minister of Town and Country Planning before July, 1951.

The survey work required by the Minister is well in hand, and consultations have been begun with Government Departments, Statutory Companies and the Glamorgan County Council to ascertain any schemes they have in view which are likely to affect the plan for the Borough.

At the same time, many items in the Town Plan are being provisionally drafted so that the survey and consultation work may go forward purposefully. These parts of the plan include proposals for new housing estates, schools, libraries, community centres, new main road pattern, hospitals and open space proposals. In preparing these provisional schemes, other departments are being consulted, and they are also providing much survey data which is being collated and incorporated in the plan.

The Development Plan for Schools, which is being prepared by the Education Department, is being based on information as to the future town development supplied by the Planning section, and like other matters, depends upon close co-operation between departments concerned.

Some consideration and attention has been given to the bringing of the detailed Town Centre Reconstruction Scheme into the plan, and its relation to the areas adjoining the Town's business centre.

The method of producing and copying the maps for submission to the Minister has given rise to some concern, owing to the large number of copies required. Considerable attention has been given to methods of preparing the necessary plans in such a way that they can be cheaply and quickly reproduced as necessary.

Reconstruction of Town Centre.

During the year 1949-1950, considerable progress was made with the scheme for the reconstruction of the war-damaged central town area.

The first stage roadworks of this scheme was completed by the construction of a new dual carriageway road from Dillwyn Street eastwards as far as the traffic roundabout, and a single carriageway from the traffic roundabout to High Street.

The second stage roadworks has also been commenced, and comprises a new dual carriageway southwards from the traffic roundabout as far as Caer Street, the widening of Caer Street and Cradock Street, and the widening of parts of Oxford Street and Park Street, the construction of a new road from Oxford Street to St. Mary's Square, and substitution for Temple Street of a Pedestrian way. Of the above roadworks, Cradock Street has been completed, and the foul and surface water sewers in the other roads have also been substantially completed. When these second stage roadworks are completed a considerable area of the war-damaged town centre will be opened up for rebuilding.

During the year, work was commenced on the erection of six new permanent buildings and two temporary buildings, and negotiations proceeded for the allocation of new building sites. Work on the rebuilding of Castle Street war-damaged properties was continued, and at the end of the year, six shops (Nos. 30 to 35) were completed and an office block above these shops was occupied by a Government Department.

Industrial Development.

Swansea Trading Estate.

During the year 1950 further work was carried out in preparing builders' roads, sewers and surface water drains on the area north of Kingsway known as Abergelly, in anticipation of new factory buildings in the near future. Surfacing works carried out on the footpaths adjoining the developed sites have secured the completion of these features.

Approval was given by the Board of Trade to the extension of two of the existing factories; work thereon will be commenced during 1951.

Landore Playing Fields.

The Education Committee endeavoured during the year under review to obtain sanction for the scheme for clearance and re-development of the derelict Pentre and Callands Pits sites, and for the laying out and utilisation of the same as Playing Fields for the adjoining schools at Brynhyfryd and Plasmarl. The approval of the scheme, which would have added greatly to the amenities of the district, besides providing much-needed playing field facilities for the two schools in the area, was deferred.

PUBLIC CONVENIENCE PROGRAMME.

During the year, a programme of works was undertaken to recondition the public conveniences within the Borough.

The scheme involved the provision of five new modern conveniences, as well as renovations to the larger and more important of the existing conveniences, while some of the older cast-iron types were replaced by new structures. Efforts were made to design structures and fittings that are proof against the activities of irresponsible youths and others bent on their wanton destruction, so as to reduce maintenance costs.

Free-use hand basins were installed in both Ladies' and Gents' Conveniences where, in past years, the damage to fittings has not been excessive.

HOUSING.

Housing Programme.

Good progress was maintained in the Corporation's Housing Programme during the year 1950 in the construction of Traditional and Non-Traditional type houses, in spite of delays caused by shortages in the supplies of certain materials and certain classes of labour.

Of the estimated total of 6,357 houses in the programme approved by the Corporation in 1943, as previously reported, building schemes for 3,710 houses had been approved by the end of the year 1950, of which number 3,195 houses had been completed and the balance was under construction or not commenced. The table below gives a summary of the building progress in the post-war period to the end of the year 1950.

Position relating to Approved Building Schemes (as at 24th December, 1950.)

Type.	Houses Completed.						Under con-struc-tion	Appro-ved but not yet commen-ced.	Total of Houses Appro-ved(to 24th. Dec. 1950.)
	Year 1946	Year 1947	Year 1948	Year 1949	Year 1950 24th Dec.	Total			
Temporary bungalows.	510	377	104	-		991	-	-	991
Traditional type houses	84	104	178	218	217	801	163	122	1,086
Non-Traditional type houses.	-	252	529	233	224	1,238	90	140	1,468
War Damage Re-building	28	110	27	-	-	165	-	-	165
TOTALS	622	843	838	451	441	3,195	253	262	3,710

Housing (Sanitary Inspection).

Visits and re-visits	8,477
Interviewed Owners and Contractors	476

Defects Remedied.

Walls repaired	98
Outside plastering repaired	166
Inside plastering repaired	140
Floors renewed/repaired	138
Floors ventilated	2
Roofs renewed/repaired	304
Chutes, downpipes, gutters renewed/repaired	280
Chimneys repaired	48
Ceilings repaired	112
Doors and frames repaired	50
Window sashes, frames renewed/repaired	90
Window cords renewed	72
Water supply provided	7
Staircases repaired	6
Grates and ovens repaired/renewed	26
Outbuildings repaired	20
Obstructive outbuildings demolished	4
Walls or ceilings cleansed and redecorated	4
Yard paving relaid/repaired	54
Miscellaneous repairs and nuisances	10
Food Stores provided	4
Water taps or pipes repaired	46
Unfit houses repairable at a reasonable cost -	
Statutory Notices (Housing Act, Sec. 9) served	291
" " (" " " ") complied	47
Unfit houses represented for demolition	11
Unfit houses represented for closing	7

Housing Lettings.

The following information on house lettings has been kindly supplied by the Housing Manager.

During 1950 the main concern of the House Letting Committee has again been to bring relief to the next group of families living in overcrowded conditions and who have no home of their own. 644 families have been housed during the year but the waiting lists of really urgent applications are still extremely heavy.

This total includes priority consideration given to 38 families where there is a Tuberculous patient, to 1 blind person and to 2 other cases where the medical conditions are exceptional.

The disaster in Prince of Wales Road meant the provision of emergency accommodation and the subsequent housing of the families concerned. 23 tenancies out of the total 644 were allocated to these families, 7 to other tenants of unfit properties in the Borough which have been closed or demolished and 3 to tenants occupying properties required for town reconstruction.

More two-bedroomed houses and flats are being included in present contracts so as to provide a balance of different types of houses on all estates and the first 15 pensioners' bungalows to be built since the end of the War are now in occupation.

FOOD AND DRUGS.

Milk & Dairies Regulations, 1949.
Milk (Special Designations)(Pasteurised & Sterilised) Milks Regulations, 1949.
Milk (Special Designations)(Raw Milk) Regulations, 1949.

The coming into operation of the above new legislation has entailed a considerable amount of extra work by the Inspectorate. Our endeavours in obtaining improvements have been many. The number of Dealers in Designated Milk has increased considerably, from 12 to 161, and I am happy to state that the milk trade in the Borough has reached a very high standard as regards the Dairy premises and the distribution of milk generally.

The following tables show a comparison in relation to Registered Dairies, Distributors and Licensed Dealers in the Borough, before and after the coming into operation of the above Regulations. An estimate of the amount of money expended in obtaining these improvements, and by the change from the sale of ordinary milk to Special Designated grades, is in the neighbourhood of £100,000, from which it will be appreciated that the milk trade in the Borough was alive to the requirements laid down in the new legislation. During the year the most up-to-date modern processing plants, namely for sterilising and pasteurising milk, were installed in the various dairies.

The following summary gives the complete information in connection with this particular trade:-

Summary of Comparison for the years 1949 and 1950, of details in relation to Registered Dairies, Distributors and Licensed Dealers in Designated Milks in the Borough, before and after the coming into operation of the new Milk & Dairies Act and Regulations.

Registered Distributors of Milk.	1949.	1950.
1. No. of Dairymen - Retail Distributors.	130	69
2. No. of Farmers - Retail Distributors.	66	66
3. No. of Shops - Retail Distributors.	94	79
TOTAL ...	290	214

The reason for the decrease in the number of registered distributors arises from the fact that dairymen have either:-

(a) ceased to retail milk;
(b) sold their retail business to other dairymen; or
(c) shop keepers have ceased to sell milk.

Registered Dairies.

	1949.	1950.
1. Number of town dairies.	56	56
2. Number of farm dairies.	117	Supervision & Inspection transferred to Ministry of A. & F.
3. Number of shop dairies.	28	-
TOTAL ...	201	56

The 56 Dairies at the end of 1950 may be classified as follows:-

1. No. in course of reconstruction	-	9
2. No. of new Dairies erected	-	14
3. No. of existing Dairies brought up to standard by reconstruction	-	33
		56

The reason for the decrease in the number of Registered Dairies is accounted for by:-

(a) Dairies being closed.

(b) Transfer under new Milk & Dairies Act, 1944 (which came into operation on the 1st October, 1949) of functions of Local Authorities in the inspection and supervision of the Farm production side of Milk to the Ministry of Agriculture and Fisheries. Local Authorities now deal entirely with the Distribution side of milk.

(c) Shops ceased to be registered as Dairies:-

1. when selling bottled products.
2. when unable to sell cream products.

No. of visits made to Dairies, shops and interviews with contractors and dairymen	-	845
No. of informal Notices served and verbal intimation given	-	57
Number complied	-	48
Number in course of complying	-	9

Numerous details of repairs and structural alterations were carried out in all dairies during the 12 months, and a rough estimated cost of these repairs, alterations, additions and erection of new buildings, together with the provision of Plants installed during the year to comply with the new Regulations is approximately £100,000.

Processing Establishments.

	1949.	1950.
Number of Licensed Pasteurising establishments.	3	9 (& 3 in course of installation)
Number of Licensed Sterilising establishments.	1	2
TOTAL ...	4	11

Heat processing establishments are increasing in order that establishments in this area may be able to Heat Treat all undesignated raw milk either when the Minister specified the area in accordance with the New Act or at the latest, by the October 1954, when it will become compulsory.

Comparison of Registered Dealers in Designated Milks for 1949 and1950.

	1949.	1950.
1. Dairymen Dealers.	9	65
2. Shop Dealers.	-	79
3. Farmer Dealers.	3	17
TOTAL ...	12	161

The number of Dealers in Designated Milks have increased and will continue to increase as a result of:-

(a) Desire of Distributors to handle a bottled product, as this only requires the Distributor to provide a Store-Room and not all the facilities and equipment required by the Regulations when handling a loose milk.

(b) Under the Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 1949, all distributors of sterilised milk must hold a Dealers Licence whereas prior to the new Regulations "Sterilised" milk was not enumerated as a Designated Milk.

As a result of the afore-mentioned, the number of designated milk licences issued, set out hereunder, have of necessity increased accordingly.

Comparison of Details of Designated Milk Licences issued during 1949 and 1950.

	Principal.		Supplementary.		Total.	
	1949	1950	1949	1950	1949	1950
1. No. of Dealers' T.T. milk Licences. ...	10	67	1	6	11	73
2. No. of Dealers' Pasteurised milk Licences. ...	5	78	1	6	6	84
3. No. of Dealers' bottled Sterilised milk Licences.	-	124	-	4	-	128
4. No. of Dealers' milk Pasteurisers' Licences.	3	9	-	-	3	9
5. No. of Dealers' milk Sterilisers' Licences.	1	2	-	-	1	2
TOTALS ...	19	280	2	16	21	296

Comparison of Designated Milk Samples taken during 1949 and 1950.

	Formal.		Informal.		Total.	
	1949	1950	1949	1950	1949	1950
No. of Pasteurised Milk samples.	111	184	25	23	136	207
No. of Tuberculin Tested/ Pasteurised milk samples.	11	36	-	5	11	41
No. of Tuberculin Tested milk samples.	174	156	1	10	175	166
No. of Sterilised milk samples.	37	57	-	-	37	57
TOTALS ...	333	433	26	38	359	471

Of the 471 samples of designated milks taken during the year (433 Formal and 38 Informal), the number of samples subjected to the respective regulation tests and results are shown in the following tables:-

Formal Samples.

Type of Designated milks sampled.	No. of samples taken for following tests.			Satisfactory.			Unsatisfactory.		
	M.B.	Phos.	Turbidity.	M.B.	Phos.	Turbidity.	M.B.	Phos.	Turbidity.
Tuberculin tested ...	156	-	-	117	-	-	39	-	-
Pasteurised ...	182	182	-	172	179	-	10	3	-
Heat Treated	2	2	-	2	2	-	-	-	-
T.T. (Pasteurised) ...	36	36	-	35	36	-	1	-	-
Sterilised ...	-	-	57	-	-	57	-	-	-
	376	220	57	326	217	57	50	3	-

Informal Samples.

Type of Designated milks sampled.	Number taken.			Satisfactory.			Unsatisfactory.		
	M.B.	Phos.	Turbidity.	M.B.	Phos.	Turbidity.	M.B.	Phos.	Turbidity.
T.T. (pasteurised) ...	5	5	-	5	5	-	-	-	-
Pasteurised ...	23	23	-	15	20	-	8	3	-
T.T. ...	10	-	-	6	-	-	4	-	-
	38	28	-	26	25	-	12	3	-

The Regulation tests given to the various types of designated milk are:-

T.T./Pasteurised - Phosphatase and Methylene Blue.
Pasteurised - Phosphatase and Methylene Blue.
Tuberculin Tested - Methylene Blue.
Sterilised - Turbidity.

T.B. Samples.

47 samples of milk were taken for T.B. examination during the year. 45 were reported as negative after 83 to 118 days, and 2 positive results were received. The Area Veterinary Officer of the Ministry of Agriculture and Fisheries was immediately informed of the 2 positive results and further samples from the respective herds of the farms concerned were obtained by them. In one instance no further positive result was obtained, but in the other case, the affected cow was isolated and slaughtered. On post-mortem examination of this cow at the Knacker's Yard, generalised tuberculosis was confirmed.

The following table indicates the type of milk sampled for T.B. examination:-

Types of Milk.	No. of samples taken.	Results.	
		Negative.	Positive.
Tuberculin Tested.	16	15	1
Pasteurised.	2	2	-
Fresh.	29	28	1
TOTALS ...	47	45	2

Unsound Food Surrendered and Destroyed.

Article.	Lbs.	Tins	Packets	Other Units.
All-Bran	-	-	24	-
Apples	328	-	-	-
Apple Puree	6	-	-	-
Apricots	10	-	-	-
Bacon	327¼	-	-	-
Barley Water	-	-	-	3 bottles.
Beans	-	1	-	-
Beef	4081¼	-	-	-
Beef, Corned	19	-	-	-
Biscuits	19	-	-	-
Bloaters	-	-	-	16 stones.
Bungs	-	-	-	70 sets.
Butter	120¾	-	-	-
Cabbage, Pickled (16 ozs.)	-	-	-	1 jar.
Cake	48	-	-	-
Carroway Seeds	7	-	-	-
Chickens	5	-	-	-
Carrots (½ Cwts.)	-	-	-	90 bags.
Cake flour	-	-	137	-
Cheese	400¼	-	-	-
Cherries	10	-	-	-
Cereals	542	-	-	-
Cocoa	-	66	-	-
Coffee (4 ozs.)	-	-	-	12 bottles.
Cocoanut Fancies	-	-	-	183 boxes.
Crawfish	-	2	-	-
Currants	50	-	-	-
Dates	50	-	-	-
Egg, Dried	-	2	-	-
Egg, Liquid	88	-	-	-
Famoca	42	-	-	-
Figs	47	-	-	-
Fish	-	-	-	134 stones.
Fish (8 ozs.)	-	1072	-	-
Fish (1 lb.)	-	49	-	-
Fish (4½ ozs.)	-	302	-	-
Fish Paste (3 ozs.)	-	-	-	2 jars.
Fowls	208	-	-	-
Fruit Sauce (5 ozs.)	-	-	-	13 bottles.
Fruit (3 lbs.)	-	15	-	-
Fruit (2 ozs.)	-	38	-	-
Fruit (10 lbs.)	-	2	-	-
Fruit (1 lb.)	-	159	-	-
Fruit (2 lbs.)	-	643	-	-
Fruit (6 lbs.)	-	7	-	-
Fruit Juice (28 ozs.)	-	16	-	-
Fruit Juice (5 ozs.)	-	24	-	-
Fruit Juice (16 ozs.)	-	10	-	-
Ginger	4	-	-	-
Glenutte Pearls	36	-	-	-
Goose	7	-	-	-
Grapes	-	-	-	38 barrels.
Gravy Browning	-	-	-	48 bottles.
Groats	59	-	-	-
Ham	43¾	-	-	-
Hearts	-	-	-	3
Herrings	-	-	-	3 stones.
Honey	-	-	-	15 jars.
Hors D'oeuvres	-	1	-	-
Jam (2 lbs.)	-	73	-	-

Article.	Lbs.	Tins.	Packets.	Other Units.
Jam (1 lb.)	-	28	-	-
Jam (8 lbs.)	-	1	-	-
Jelly	-	-	966	-
Lamb	35¼	-	-	-
Lard	2	-	-	-
Lungs	-	-	-	50 sets.
Macaroni	29½	-	-	-
Marmalade (2 lbs.)	-	19	-	-
Marzipan	15¾	-	-	-
Mayonnaise	-	-	-	290 bottles.
Malto Bass	-	-	-	8 gross.
Meat (6 lbs.)	-	110	-	-
Meat (4 lbs.)	-	154	-	-
Meat (20 ozs.)	-	123	-	-
Meat (16 ozs.)	-	50	-	-
Meat (12 ozs.)	-	292	-	-
Meat (8 ozs.)	-	21	-	-
Milk, Evaporated	-	98	-	-
Milk (2 pts.)	-	307	-	-
Milk (1⅞ pts.)	-	8738	-	-
Milk (1¾ pts.)	-	193	-	-
Milk (16 ozs.)	-	157	-	-
Milk (4 ozs.)	-	107	-	-
Mustard	-	72	-	-
Mutton	95	-	-	-
Nougat	-	-	-	748 bars.
Oats	-	-	376	-
Onions	-	-	-	19 cwts.
Orange Squash	-	-	-	4 bottles.
Oxo	-	-	502	-
Parsnip	-	-	-	1 cwt.
Paste	-	277	-	-
Pastry Mix	-	-	42	-
Pate de Fois	-	1	-	-
Piccalilli	-	-	-	1 bottle.
Pickles	-	-	-	315 jars.
Pineapple	6½	-	-	-
Peas	-	264	-	-
Pears	-	150	-	-
Pork	28	-	-	-
Potatoes	-	-	-	296 cwts.
Prawns	48	-	-	-
Prunes	29	-	-	-
Pudding	-	-	109	-
Rabbits	60	-	-	-
Rice	52¾	-	-	-
Runners	-	-	-	381 sets.
Salts	-	-	-	65 bottles.
Sauce	-	-	-	645 bottles.
Sausages	336	-	-	-
Seaweed	-	-	-	8 cwts.
Soup (16 ozs.)	-	163	-	-
Soup (10 ozs.)	-	26	-	-
Soup (8 ozs.)	-	8	-	-
Spice	8	-	-	-
Sugar	120	-	-	-
Swiss Rolls	-	-	200	-
Syrup (2 lbs.)	-	3	-	-
Sweets	11	-	-	-
Sweetphat	60	-	-	-
Suet	-	-	5	-

Article.		Lbs.	Tins.	Packets.	Other Units.
Tea	...	77	-	-	-
Tomatoes.	...	-	12	-	-
Tomato Puree	...	-	13	-	-
Turkey	...	5	-	-	-
Veal	...	-	1	-	-
Vegetables (3 lbs. 3 ozs.)		-	76	-	-
Vegetables (2 lbs. 2 ozs.)		-	489	-	-
Vegetables (1 lb. 1 oz.)		-	187	-	-
Vegetables (16 ozs.)	...	-	1423	-	-
Vegetables (28 ozs.)	...	-	33	-	-
Vegetables (10½ ozs.)	...	-	66	-	-
Vegetables (8 ozs.)	...	-	54	-	-
Vinegar	...	-	-	-	20 bottles
Vita Wheat	...	4	-	-	-

SWANSEA ABATTOIR.

Animals Slaughtered.

Cattle	...	10,275
Calves	...	26,620
Sheep	...	34,440
Pigs	...	1,872
TOTAL	...	73,207

		Tons.	Cwts.	Qtrs.	Lbs.
Total weight carcases and portions T.B.	...	36	1	3	29
Total weight carcases and portions other diseases	...	49	13	1	12
TOTAL	...	85	15	1	13
Total weight carcases and portions	...	85	15	1	13
Approximate weight ~~carcases~~ offal ~~and portions~~	...	103	10	3	23
TOTAL	...	189	6	1	8

Meat Condemned.

	Carcases.		Portions.		Heads	Lungs	Livers.	Tripes.	Intestines	Sets of Offal
	T.B.	Other	T.B.	Other						
Cattle	147	294	69	60	888	4239	5966	353	483	308
Calves	3	110	0	0	107	141	141	56	56	82
Sheep	0	44	0	19	62	3318	3306	16	16	20
Pigs	3	6	4	13	11	56	58	15	9	8
TOTAL.	153	454	73	92	1068	7744	9471	440	564	418
Approx wt. in lbs.	69289	98702	23437	2545	29361	40484	88813	10889	15597	35870

Inspections.

Ice-cream premises and barrows ...	332
Restaurants and Food Preparing Places ...	295
Butchers	143
Wholesale Meat Shops and Stores ...	145
Butchers' Food Preparing Premises ...	163
Other Registered Food Premises ...	66
Fishmongers, Wholesale and Retail ...	5
Butter or Margarine Factories ...	22
Wholesale Margarine Dealers ...	15
Markets	35
Food Stalls	182
Hospitals and Institutions re. Food ...	15
Provision Shops and Stores ...	270
Greengrocers and Fishmongers ...	27
Food Vehicles (Butcher Carriers) ...	69
Fried Fish Shops	82
Knackers' Yards	7
Dairies and Milkshops ...	339
Cowsheds	7
Milk Purveyors	455
Public Houses	228
Railway Stations re. Food ...	39

Food Shops, Kitchens, etc. work done.

Accumulations removed ...	3
Cleanliness improved ...	6
Storage arrangements improved ...	2
Lighting or ventilation improved ...	1
Ashbins provided	3
Washing-up sinks fixed with hot & cold water	8
Wash-hand basins with hot & cold water provided	10
Water supply provided ...	1
Old premises demolished or converted ...	1
New Cafe Kitchens provided ...	2
Floors and yards repaired ...	1
Walls repaired	1
Drains cleansed	2
Drains repaired or relaid ...	2
Staff cloakroom provided ...	3
New gully traps fixed ...	1
W.C. accommodation provided ...	7
Washing facilities provided and improved ...	4
Other sources of contamination removed ...	1

Food Vehicles.

Inspections regarding general cleanliness of vehicle, person or coverings ...	6
Warnings given	1

PUBLIC ANALYST'S REPORT.

The work carried out for the County Borough of Swansea during the year 1950 is summarised in the following table, which shows the total number of samples examined and reported upon and the sources from which they were derived:-

Under the Food and Drugs Act, etc. ...	578
Under the Fertilisers & Feeding Stuffs Act	29
Under the Rag Flock Acts ...	8
For the Public Health Department. ...	23
For the Waterworks Department ...	8
For the Borough Engineer's Department ...	2
TOTAL ...	648

Food and Drugs Legislation.

Although during the year under review no outstanding changes were made in the legislation relating to food and drugs, several alterations affecting the composition and labelling of certain articles of food were made, of which the following are worthy of note.

Meat and Fish Products.

The minimum meat content of pork sausages, pork sausage meat and pork slicing sausage was increased from 50 per cent. to 65 per cent. as from the 5th November, 1950. For beef sausages and beef sausage meat the minimum meat content was maintained at 50 per cent., through the year.

During the war, certain provisions of the Public Health (Preservatives, etc., in Food) Regulations were relaxed, and, inter alia, the use of borax as a preserving agent was permitted in imported bacon. On the 10th December, 1950, however, this matter again became governed by the Preservatives in Food Regulations so that now imported bacon may not contain this preservative.

The composition of fish cakes is now regulated by the Food Standards (Fish Cakes) Order, 1950, instead of by the Fish Cakes (Maximum Prices) Order, 1943. The fish content has been maintained at 35 per cent. by weight.

Preserves.

The minimum fruit contents of certain popular jams have been raised consequent upon increased supplies of soft fruits being available. For sales by manufacturers these new standards came into operation on the 25th September, 1950.

Soft Drinks.

Specifications have been prescribed for the ingredients of all soft drinks containing citrus fruit juice and barley. They fix minimum limits for their fruit juice and sugar contents and also limit the amount of saccharin they may contain. The limits specified are the same as those that previously applied to "lemon barley" only.

Mineral Oil in Food.

In the annual report for 1949, attention was drawn to the requirements of the Mineral Oil in Food Order, 1949. This Order prohibited the use of any mineral oil (including liquid paraffins, white oils, petroleum jellies and hard paraffins) as an ingredient in food and also limited the amount that might be introduced into food, through its use as a lubricant or greasing agent on a surface with which the food necessarily comes into contact during preparation, to 0.2 per cent. by weight.

It has been found necessary to amend this Order so as to provide that no offence is committed where mineral oil is found to be present in any dried fruit (defined as prunes, currants, sultanas and raisins) in amounts not exceeding 1 per cent. by weight, or where the amount found in a food is due to the use of such dried fruit in that food.

The Minister of Food has explained that this amendment was necessary because large stocks of dried fruit have been treated with mineral oil in the countries of origin as a deterrent to infestation, to prevent crystallization and to facilitate separation of the berries in manufacturing processes. It is intended, however, that this amendment shall be a temporary measure, and exporting countries have been requested to stop the use of mineral oil for the treatment of dried fruit for consignment to the United Kingdom.

Use of Milk.

Restrictions on the use of milk in the preparation of ice-cream and certain other foods have been suspended until further notice.

Labelling of Food.

On the 1st of November, 1950, the Labelling of Food Order, 1950, came into operation. This Order, while substantially re-enacting the Labelling of Food Order, 1946, and its amending Orders in a consolidated form, introduced certain new provisions. One of these provides that all liquors for which tonic, restorative or medicinal prperties are claimed or which are held out to be beneficial for invalids shall be labelled with a statement indicating the quantity of the ingredients on which the claim is based, and another requires pre-packed tomato sauce to be labelled with a declaration of ingredients.

Revocations.

In view of the improved supply position, the Food Substitutes (Control) Order, 1941 and the Starch Food Powders (Control) Order, 1941, have been revoked, with effect that the Ministry of Food no longer exercises control over the composition of food substitutes, blancmange powders and custard powders through a system of licensing.

Vinegar.

The decision in the case of Kat v. Diment, heard in the King's Bench Division of the High Court in July, 1950, is likely to have a drastic effect on the sale of what in recent years has been described as "Non-brewed Vinegar." This is an artificial product consisting of water containing about 4.5 per cent. of acetic acid and colouring matter.

The High Court upheld the decision of the Chief Metropolitan Magistrate that "vinegar is the product of double fermentation and that the liquor sold as non-brewed vinegar is not vinegar at all, but merely a solution of acetic acid, and that, as it was not vinegar, to describe it as such, although with the addition of the words "non-brewed," was to apply a false trade description."

This decision received much publicity in the daily press and in trade and technical journals, and this product is now being marketed as "non-brewed Condiment."

Samples taken under the Food and Drugs Act, 1938.

The total number of samples of food and drugs submitted by the Sampling Officer for analysis during the year was 578. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, regard was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the table below.

Samples submitted under the Food and Drugs Act during 1950.

Nature of Sample.	Number examined	number unsatisfactory
Almonds, Ground	3	-
Beer	10	1
Blancmange powder	1	-
Butter	18	-
Cabbage, Pickled	1	-
Cake, Fruit	1	-
Cake and Bun flours	5	2
Cheese, Camembert	1	-
Citrus peel with sugar	1	-
Coffee and chicory essence	1	-
Crystallised fruits	1	-
Drugs and Medicinal preparations -		
Bicarbonate of soda	1	-
Castor oil	2	-
Cough mixture	3	-
Epsom salts	1	-
Glycerine, lemon and honey	1	-
Influenza mixture	1	-
Kidney pills	2	-
Laxative tablets	1	-
Quinine, Ammoniated tincture of	1	-
Sulphur tablets	1	-
Syrup of figs	1	-
Throat lozenges and pastilles	3	-
Tonic - Children's	1	-
Fish products	12	-
Fruit pectin	1	-
Gelatine	1	-
Ginger, Stem	1	-
Golden raising powder	1	-
Gravy browning	1	-
Groats, Patent	1	-
Ice-cream	93	2
Ice lolly	10	1
Jam	1	-
Jelly, Beef aspic	1	-
Jelly crystals and Jelly tablets	2	-
Lemonade powder	1	-
Milk	273	29
Milk, Appeal-to-cow samples	31	8
Milk, Condensed	3	-
Milk, Dried	1	-
Olive oil	2	-
Onions, Pickled	1	-
Peas, Canned processed	1	-
Peas, Dried	1	-
Peanut butter	1	-
Pepper flavoured compound	1	-
Potato crisps	1	-
Puddings, Fruit	2	-
Pudding powder	2	-
Rice, Ground	1	-
Sandwich spread	3	-
Sauces	5	-
Sausages	9	-

Nature of Sample.	Number examined	Number unsatisfactory
Spice, Mixed	1	-
Spirits -		
Brandy	2	-
Gin	6	-
Whisky	12	-
Rum	13	-
Sweets	7	-
Toffee lolly	1	-
Vinegar	9	-
Walnuts, Pickled	1	-
TOTAL ...	578	43

Milk.

Of the 273 samples of milk taken in the ordinary way by the Sampling Officers, 5 contained added water, 20 others contained less than the presumptive minimum of 3.0 per cent. of fat prescribed by the Sale of Milk Regulations, and 2 samples of Channel Islands milk contained less than 4.0 per cent. of fat.

Fat Deficiency. - The proportion of samples containing less than 3.0 per cent. of fat (exclusive of those where the deficiency was due to added water) was 7.3 per cent. In 1949 the proportion was 8.4 per cent. "Appeal-to-cow" samples taken in connection with the larger deficiencies in this constituent show that at the morning milking the herds concerned were producing milk similarly low in fat content. The vendors of these samples had their attention drawn to the results of analysis.

Added Water. - In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing-point test was applied. With 24 ordinary samples in which the non-fatty solids fell below the presumptive minimum of 8.5 per cent. of non-fatty solids, this test indicated that the milk was naturally low in this constituent and had not been interfered with.

The presence of added water was confirmed in five samples obtained from two producers. In one of these the proportion of extraneous water was very small, but legal proceedings were taken against these two producers in respect of the other samples. The extent of the adulteration in these cases and the results of the prosecutions are given below.

Milk Prosecutions, 1950.

No. of sample.	Result of Analysis.	Result of Proceedings.	
		Fine.	Costs.
E.26.	Contained 10 per cent of added water.	£10.	£5. 5. 0d.
E.27.	Contained 10 per cent of added water.		
W.37.	Contained 34 per cent. of added water.	£20.	£5. 9. 0d.
W.38.	Contained 30 per cent of added water.		

It is many years since such extensive adulteration as that found in samples W.37 and W.38 has been recorded in Swansea.

Channel Islands Milk. - According to the Milk (Control and Maximum Prices) (Great Britain) Order, 1947, milk produced from cows of the Channel Islands and South Devon breeds, and for which a price higher than the maximum for ordinary milk is paid, must contain not less than 4.0 per cent. of milk fat. The Ministry of Food is responsible for the enforcement of this Order and it has requested that where a Food and Drugs Authority finds a sample of Channel Islands milk or of South Devon Milk to contain less than 4.0 per cent. but not less than 3.0 per cent. of milk-fat, full particulars including the name and address of the vendor and of the producer should be referred to the Milk Division of the Ministry of Food who will consider what action should be taken.

During the year, 19 samples of "Channel Islands Milk" were submitted for examination. Twelve of them were obtained on one day from a consignment sent to a dairy by the producer, and two of these, taken from churns labelled morning milk, contained only 3.38 and 3.70 per cent. of milk-fat. The other seven were appeal-to-cow samples taken at the farm of the producer after the Sampling Officer had supervised the morning milking of the cows. Two of these also contained less than 4.0 per cent. of fat, their contents of this ingredient being 3.80 and 3.83 per cent. respectively. Particulars regarding these samples were forwarded by the Town Clerk to the Milk Division of the Ministry of Food.

Appeal-to-cow Samples. - The total number of samples submitted during the year as appeal-to-cow samples was 31 and they were taken from seven producers. Twenty-six of these samples were taken in connection with previous samples found to be low in fat and the other five related to the two cases in which legal proceedings were instituted for the presence of added water.

Five samples of morning milk contained less than 3.0 per cent. of fat, two of seven samples of morning Channel Islands milk contained less than 4.0 per cent. of fat, and one sample contained a small proportion of extraneous water. It transpired, however, that the milk from which this sample was taken had been passed over the cooler. This must have been leaking somewhat as a further sample procured after supervision of the next corresponding milking, but which had not been cooled, was of good composition and had a normal freezing-point. When appeal-to-cow samples are obtained the milk should not have passed over a cooler, as after cooling it can be by no means certain that the milk is "as produced by the cows."

Chemical Composition. - The average composition of all the milk samples examined each year since 1943 is given in the table below. It will be observed that the average for the year 1950 differs only very slightly from the average for the eight years 1943 to 1950.

Composition of Milk Samples - Yearly Averages, 1943-1950.

Year.	Number of Samples.	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
1943.	321	3.62	8.68	12.30
1944.	272	3.61	8.68	12.29
1945.	386	3.61	8.71	12.32
1946.	260	3.56	8.68	12.24
1947.	217	3.59	8.63	12.22
1948.	307	3.59	8.79	12.38
1949.	255	3.53	8.76	12.29
1950.	304	3.60	8.71	12.31
1943-1950	2,322	3.59	8.71	12.30

In the next table the average composition of the 19 samples of Channel Islands Milk, for which the consumer pays one penny per pint more than for ordinary milk, is compared with than of the other milk samples.

Comparison of Channel Islands Milk with other milk, 1950.

Variety.	Number of Samples.	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
Channel Islands Milk.	19	4.13	8.77	12.90
Other Milk Samples.	285	3.56	8.70	12.26
All Milk Samples.	304	3.60	8.71	12.31

The average composition of all the milk samples obtained in each month since the year 1943 is set out in the following table.

Month.	Number of Samples.	Fat per cent.	Non-fatty solids per cent.	Total solids per cent.
January	165	3.79	8.67	12.46
February	217	3.59	8.57	12.16
March	233	3.52	8.57	12.09
April	146	3.34	8.59	11.93
May	234	3.31	8.69	12.00
June	180	3.36	8.76	12.12
July	196	3.51	8.72	12.23
August	161	3.58	8.77	12.35
September	196	3.62	8.83	12.45
October	245	3.81	8.86	12.67
November	190	3.93	8.80	12.73
December	159	3.73	8.67	12.40
1943-1950.	2,322	3.59	8.71	12.30

The monthly variation in composition follows the normal course. It will be observed that the fat content of milk is at its lowest in the month of May and that it steadily increases until November, after which there is a gradual fall until the minimum is reached. The non-fatty solids are highest during the Autumn months, and in recent years it has been found that they are lowest in the early months of the year, possibly due to shortage of concentrated foods towards the end of the Winter.

Articles other than Milk.

Samples of a large variety of foods other than milk, and of drugs and medicinal preparations were submitted for examination during the year. On the whole these were found to be very satisfactory as regards both composition and labelling, only 6, or 2.2 per cent. being unsatisfactory. In 1949 the corresponding percentage was only slightly higher, viz. 2.6, and it is pleasing to note the reduction that has taken place in the proportion of unsatisfactory samples of articles other than milk since the end of the war, as indicated in the following table.

Period.	No. of samples other than milk	Number unsatisfactory.	Percentage unsatisfactory.
1943 - 1945.	355	49	13.8
1946 - 1948.	497	36	7.2
1949 - 1950.	575	14	2.4

Particulars of the samples reported upon adversely during the year 1950 are given in the table below.

Unsatisfactory Samples of Articles other than Milk, 1950.

Article.	Nature of Adulteration or Irregularily.
Beer	Contained 0.8 part of lead per million.
Cake flour, Sweetened.	The ingredients were not declared in the order prescribed by the Labelling of Food Order.
Cake flour, Sweetened. "For Sponges, Cakes & Buns." "No sugar required."	Contained only 17.8 per cent. of sugar instead of not less than 40 per cent.
Ice-cream.	Contained only 2.2 per cent. of fat.
Ice-cream.	Contained only 2.3 per cent. of fat.
Ice lolly.	Contained an unnecessarily high proportion of copper, viz. 13 parts per million.

Beer. - Ten samples of beer were submitted for examination for the presence of lead and arsenic. Although there is no statutory maximum limit for lead in beer, it is generally considered that this certainly should not exceed 0.5 part per million and there are many who hold that it should not exceed 0.3 part per million in view of the facts that large quantities of beer are sometimes consumed, that the effects of lead are cumulative and that it is possible to exclude lead altogether from brewery plants and hotel pumps.

Of the ten samples received, eight contained lead in amounts not exceeding 0.3 part per million, one contained 0.4 part per million and the other 0.8 part per million. The last proportion is undoubtedly excessive and there can be no doubt that most of this was derived from the lead pipes through which the beer was drawn. I have been informed by the Chief Sanitary Inspector that the premises on which this sample was obtained are no longer licensed.

The arsenic content of these samples was very small, being well below the limit of 0.14 part per million (1/100th. of a grain per gallon) recommended by the Royal Commission on Arsenical Poisoning.

Cake Flour. - Under the Food and Drugs Act and the Food Standards Orders, standards for the sugar content of sweetened cake flours have not been prescribed, but during the war minimum percentages of this ingredient were imposed by the Ministry of Food conditional upon the granting of licences to manufacture such products under the Manufactured and Pre-packed Foods Order. Sweetened sponge mixtures and sponge cake mixtures were required to contain not less than 40 per cent. of sugar.

This Order was revoked in August, 1949 but this minimum sugar content was incorporated in the "Codes of Practice" contained in a report entitled "The Advertising, Labelling and Composition of Food" published by the Ministry in October, 1949. These codes of practice have not the force of law, but they were adopted by the Ministry after consultation with the trade and they have done much to protect the consumer from being misled without subjecting manufacturers to rigid detailed legislation.

A sample labelled "Sweetened Cake Flour - For Sponges, Cakes and Buns - No sugar required" contained only 17.8 per cent. of sugar instead of not less than 40 per cent. as agreed between the Ministry and informed trade representatives. The sugar content of a sample of sweetened cake flour made by another manufacturer was in accordance with the Ministry's code, but the ingredients were not declared on the label in the order prescribed by the Labelling of Food Order. Both manufacturers were warned.

Condensed and Dried Milk. - Two samples of different brands of sweetened condensed milk were normal in chemical composition and taste and were quite wholesome but they were both very brown in colour due to caramelisation of the sugar. Because of their colour they were unsuitable for sale by retail. They were, however, quite suitable for use in the manufacture of chocolate confectionery and I recommended that the consignments should be diverted for manufacturing purposes. A sample of unsweetened condensed milk was genuine and of good quality.

A sample of dried milk powder considered possibly to have been the cause of sickness was examined at length. The sample was normal in odour, taste, acidity and solubility in water and there was no evidence of the fat having undergone either hydrolytic or oxidative rancidity. Chemical analysis, therefore, did not reveal anything to account for the sickness reported to have occurred.

Ice-cream. - Up to the end of the year under review there was no legislation regulating the composition of ice-cream. During the year 1950, 93 samples of this popular commodity were examined, and in the following table the results of their analysis are summarised and compared with the results obtained in 1949.

Composition of Ice-cream, 1949-1950.

	Minimum	Maximum	Average	
1949 - 25 Samples:-				
Fat ...	1.6	9.6	4.6	per cent.
Total solids	17.1	32.3	26.1	" "
1950 - 93 Samples:-				
Fat ...	2.2	13.5	6.6	" "
Total solids	22.3	39.6	30.6	" "

It will be observed that there was an appreciable improvement in the average composition over that for the previous year, and this result reflects the improved supply position. The arrangement whereby the Ministry of Food allot additional supplies of sugar, and, in certain cases, of fats, to manufacturers who signed an undertaking that their ice-cream would have a minimum fat content of 2.5 per cent., continued throughout the year. Particulars of two samples that contained only 2.2 and 2.3 per cent. of fat respectively were forwarded to the Ministry of Food.

In July, 1950, the Minister of Food authorised the publication of a recommendation of the Food Standards Committee that in view of improvement in the supply of fats and milk powder, an interim standard of 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids other than fat should be established for ice-cream, and during 1951 this recommendation has been implemented. While the Committee were agreed that this is the highest standard that can be introduced in present circumstances, they considered that it should be progressively improved as supplies of ingredients become more plentiful. Moreover, the Committee considered that in the long term the description "ice-cream" should be restricted to a dairy preparation having a high proportion of milk solids.

Metallic Contamination. - Many samples in addition to those of beer, including all canned foods, were examined for metallic contamination. One sample of ice lolly contained 13 parts of copper per million. This is an unnecessarily high proportion of copper and the vendor was interviewed by the Sampling Officer. It appeared that the contamination was derived from the container in which the article was prepared and this was discarded.

Miscellaneous Samples.

In addition to the work carried out under the Food and Drugs Act, seventy samples have been examined for various departments of the Corporation. Brief particulars of these are given below.

Public Health Department. - Thirty-one samples comprising Rag flock (8), Water (21), Plants and Carbon black were analysed for the Public Health Department.

All the samples of rag flock complied with the standard of cleanliness laid down by the Rag Flock Regulations.

Twenty of the samples of water were submitted for examination for organic purity and their general suitability for drinking and domestic purposes. The source of these samples and the conclusions drawn from the analytical results are summarised in the following table.

Water Samples, 1950.

Source.	Number examined	Number satisfactory	Number unsatisfactory
From reservoirs	4	4	-
From house bib taps	15	13	2
Well water	1	-	1
TOTAL ...	20	17	3

One of the samples drawn from a house bib-tap contained 0.3 part of lead per million, equivalent to 1/48th. of a grain per gallon. It is widely held that the maximum allowable limit for lead in water is 1/50th. grain per gallon. The water was from the Lliw supply which has a very low temporary hardness, is markedly acid in reaction and has a strong solvent action on new lead. It was advised that water should be run off from the tap for a little while before collecting water for drinking purposes, particularly first thing in the morning so as to remove any that had been standing in the pipe. This sample also contained an undesirable proportion of iron, viz. 1.2 parts per million.

Another sample from a house bib-tap also served by the Lliw supply was greenish-brown in colour - 70 Hazen units. The objectionable appearance of this water was due to the presence of iron and traces of manganese, and the results of analysis of further samples submitted by the Water Engineer showed that this metallic contamination occurred in a length of iron pipe leading from the water main to the house. It was evident that this pipe was badly corroded and needed replacement.

Modern practice in public water supplies is in the direction of providing a neutral or faintly alkaline water. The addition of a minute amount of lime to the water from the Lliw Reservoirs and subsequent filtration would correct the acidity and reduce the amount of organic matter in the water. In this way corrosive action on metals would be avoided and the dose of lime could be regulated so as not to produce any appreciable effect on the softness of the water.

The well water contained a considerable amount of suspended matter including decayed vegetable matter and anguilluae (nematode worms). It was unsatisfactory for use for drinking purposes in this condition.

Samples of water from a canal, plants from an allottment and carbon black were examined in consequence of complaints made to the Public Health Department. A detailed report on this matter was made to the Medical Officer of Health.

Weights and Measures Department. - Eleven samples of fertilisers and eighteen of feeding stuffs were analysed for the Weights and Measures Department.

A formal sample of Compound Fertiliser did not agree with the declared composition, the potash content in particular being much below the amount guaranteed. The guarantee supplied by the manufacturers and the results of analysis were as follows:-

	Guaranteed	Found		
Nitrogen	7.0	6.9	per	cent.
Soluble phosphoric acid, P_2O_5	6.0	7.6	"	"
Insoluble phosphoric acid, P_2O_5	1.0	0.7	"	"
Potash, K_2O	10.0	6.3	"	"

Attention was drawn to a number of less serious irregularities occurring in other samples.

Waterworks Department. - Six samples of water and sections of two cast iron pipes containing ferruginous deposit were examined for the Water Engineer.

Borough Engineer's Department. - One sample of water and one of soil were analysed for the Borough Engineer in order to determine whether they were likely to have deleterious action on concrete.

FOOD POISONING.

One case only of food poisoning was reported during the year, a male child 2½ years old on the 23rd July.

The food causing the outbreak was probably cold meat, bread, butter or cakes, contaminated with mice droppings. The agent causing the outbreak was the salmonella type Typhi-murium. The main symptoms of the illness, which was moderate to severe, were diarrhoea and sickness. The illness lasted 10 days.

FACTORIES ACT, 1937 - Section 128.

	Found.	Remedied.
In need of cleanliness.	4	4
Inadequate ventilation.	1	1
Sanitary Conveniences - unsuitable or defective.	6	2
Lack of ablutions.	4	2

Inspections of Non-Mechanical Factories.

Bakehouses. . . .	95
Dairy Store-room . . .	51
Laundries . . .	3
Tailors . . .	7
Miscellaneous . . .	32

Inspections of Mechanical Factories.

Bakehouses . . .	167
Bootmakers . . .	3
Dressmakers and Milliners	1
Laundries . . .	3
Tailors . . .	2
Dairies . . .	52
Miscellaneous . . .	102
Workplaces other than Offices . . .	34

COMMON LODGING HOUSES.

Inspection by night . . .	1
Inspection by day . . .	16
Verminous rooms treated . .	7

SEAMENS' LODGING HOUSES.

Inspection by day . . .	3

RAG FLOCK ACT.

Samples taken . . .	9

OFFENSIVE TRADES.

Inspection of Offensive Trades	32

DISINFESTATION.

Gassings, Sprayings, etc.

Removals	25
Steam Disinfections	5
Steam Disinfestations (Local Authority)	11
Rooms sprayed	537
Van loads	37
Premises	159
Ships	6
Houses (H.C.N.)	12
Rooms disinfected	583
Bedding destroyed	3

Rodent Control (Dwellings and Business Premises).

No. of visits		6,365
Baits laid		64,397
Baits taken		42,141
Estimated killed -	rats	15,386
	mice	2,252
Bodies found -	rats	1,039
	mice	239

Rodent Control in Sewers.

Type of Sewer.	Number of Manholes Baited.	Number of Partial Takes.	Number of Complete Takes.	Total No. of Takes.	Number of No Takes.
Foul Sewer.	5,645	2,600	2,301	4,901	744
Storm Sewer.	917	510	139	649	268
TOTAL.	6,562	3,110	2,440	5,550	1,012

Total No. of Takes + Total No. no Takes = Total Baited.

5,550 + 1,012 = 6,562

Two treatments given - one of Sausage and Rusk and Zinc Phosphide 2½% and one of Bread Mash and Arsenic 10%.

Disinfection.

No. of articles	2
No. of Drums	2
No. of rooms	423

MISCELLANEOUS MATTERS.

Inspection of:-

Tents, vans and sheds	11
Amusement places	108
Schools	6
Swimming baths	2
Water courses	16
Infectious diseases	896
Infectious diseases - re-visits ...	179
Bungalows	94
Back lanes	42
Swine and piggeries	16
Smoke or grit observations	25
Visits not classified	54
Pharmacy & Poisons Act, 1933 ...	68
Nuisances from animals abated ...	4
Inspections, Shops Act	22
Miscellaneous nuisances	61

Work done:-

Additional W.C. accommodation provided ...	1
W.C. accommodation repaired ...	3
W.C. accommodation improved ...	1
Other Repairs	1
Accumulations of manure removed ...	25

Notices.

Intimation Notices served	1,208
Intimation Notices complied ...	421
Statutory Notices served - Public Health Act	63
Statutory Notices complied - Public Health Act	8

Plans examined.

Satisfactory	386
Unsatisfactory	113

Complaints to Borough Engineer.	104
Complaints to Water Engineer.	79

SWANSEA EDUCATION AUTHORITY.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

FOR THE YEAR 1950.

EDUCATION COMMITTEE.

Ex-Officio:

HIS WORSHIP THE MAYOR (Alderman W.G. Rees, J.P.)

Chairman:

Councillor F. Shail.

Vice-Chairman:

Alderman F.A. Gorst.

Alderman T.R. Davies.
" D.J. Fisher.
" A.E. Harries.
" D. Jones.
Councillor A. Bainbridge.
" Mrs. R. Cross.
" L.H. Davies.
" W. Dewitt.
" W. Evans.
" Dr. L.W. Hefferman.
" D.A. Jenkins.
" Sir Wm. A. Jenkins.
" S. John.
" Mrs. E. Jones.
" Dr. I.H. Jones.

Councillor F.C. Jones.
" G. Jones.
" V.G. Lewis.
" G.H. Libby.
" T. Matthews.
" T. Morgan.
" P.W. Park.
" G.W. Peacock.
" L.G. Penhaligan.
" A.W. Pile.
" H.J. Thomas.
" D.W.P. Williams.

Co-opted Members:

Mr. W.B. Thomas.
Miss E. Williams.
Mr. W.J. Hollowood.
Miss A.M. Evans.
Mr. H.R. Harman.
Professor E.J. Jones.

CHILD WELFARE SUB-COMMITTEE.

Ex-Officio:

HIS WORSHIP THE MAYOR (Alderman W.G.Rees, J.P.)

Chairman:

Councillor Mrs. R. Cross.

Vice-Chairman:

Alderman F. A. Gorst.

Alderman T.R. Davies.
" D.J. Fisher.
" F.A. Gorst.
Councillor L.H. Davies.
" W. Dewitt.
" Dr. L.W. Hefferman.
" S. John.
" Mrs. E. Jones.

Councillor G. Jones.
" Dr. I.H. Jones.
" T. Matthews.
" T. Morgan.
" P.W. Park.
" G.W. Peacock.
" F. Shail.
" D.W.P. Williams.

Co-opted Members.

Mr. W.B. Thomas.
Professor E.J. Jones.
Miss A.M. Evans.
Miss E. Williams.
Mr. H.R. Harman.

MEDICAL STAFF - WHOLE-TIME.

School Medical Officer.
Medical Officer of Health.

E.B. MEYRICK, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

Deputy School Medical Officer.
Deputy Medical Officer of Health.

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

Lay Administrative Officer.

T. L. James.

Medical Staff - Whole-Time Assistant School Medical Officers.

Gwyneth Ellis, M.B., B.S.
M. Prosser, M.R.C.S., L.R.C.P.
M.J.A. Davies, B.Sc., M.B., B.Ch.
M.M. Coughlan, M.B., B.Ch., B.A.O.
G.M. Thomas, B.Sc., M.B., B.Ch., D.R.C.O.G.
N.G. Richards, B.Sc., M.B., B.Ch., D.C.H.

Temporary Part-Time Assistant School Medical Officers.

L.A. Knowlson, B.Sc., M.D., Ch.B., D.C.H., D.P.H.
G. Madel, M.R.C.S., L.R.C.P.
G.M. Medlicott, B.Sc., M.B., B.Ch.
J.E. Flood, M.B., B.Ch., B.A.O.
J. Griffiths, M.R.C.S., L.R.C.P., D.P.H.

Consultant Officer - Part-time Ophthalmologist.

F.G. Hibbert, M.B., F.R.C.S., D.O.M.S.

Dental Staff - Whole-Time.

Senior Dental Surgeon.

Herbert N. Tiplady, L.D.S.

Senior Assistant Dental Surgeon.

J.F. Herbert, L.D.S.

Dental Officer - Part-Time.

J.P. Rees, L.D.S.

Three Dental Attendants.

Superintendent School Nurse.

Miss M.E.I. Davies, S.R.N., S.C.M., H.V.C.

Twenty-Seven School Nurses and Health Visitors.
Two Nursing Assistants.

Orthopaedic Staff.

Senior Orthopaedic Nurse.

Constance Thurston, C.S.M.M.G., M.E.

One Assistant Orthopaedic Nurse.
Five Surgical Boot Repairers.

To The Chairman and Members of the Swansea Education Authority.

Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1950.

During the year, my first complete year as School Medical Officer to Swansea, I have had an excellent opportunity of examining the Authority's School Health Service from every aspect and with an entirely fresh outlook, and I am happy to be able to report that it is functioning most efficiently and satisfactorily in practically every way. The deficiencies that do exist are all attributable to the prevailing shortage of adequate professional staff - doctors, dental officers and school nurses.

There is no doubt at all that the Service is playing an immense part in the ever-raging battle to raise the general standard of health of the community, although its value, being to a large extent preventive rather than curative, is not always appreciated by the man-in-the-street.

Out of an average school population of over 22,000, 11,841 children received routine medical examinations during the year at school. Of these, approximately 23% had defects actually requiring treatment and of which they and their parents were in many cases unaware. 9,227 special and re-examinations were carried out at clinics and schools.

These numbers are not quite as high as in 1949 but have steadied down to what should be a normal average for the future following an abnormal year when considerable arrears caused by shortage of medical staff were made up by the employment of part-time assistant medical officers.

Staff.

With effect from 1st January, 1950, Dr. Robert Glenn was appointed to the post of Deputy School Medical Officer in place of Dr. Idwal Pugh who had left to take an appointment under the Regional Hospital Board.

Dr. Marjorie Davies was appointed Assistant School Medical Officer in February, 1950.

Drs. Knowlson, Madel, Medlicott, Griffiths and Flood undertook part-time duties as Assistant School Medical Officers during the year to bring the number of sessions up to establishment and so maintain the work up to schedule.

Infectious Diseases.

The campaign against diphtheria continues and for the second year in succession no cases of diphtheria between the ages of 5 and 15 have been notified. An interesting picture of the progress of the campaign is given by the table of notifications of infectious diseases during the last decade; in 1941 there were 445 cases and the number has fallen rapidly to zero in that period.

There was a fairly high incidence of measles for the second year in succession and eleven confirmed cases of poliomyelitis were notified during the twelve months.

Handicapped Pupils.

A review of the register of Handicapped Pupils commenced during 1950 and will continue into 1951. It is hoped that in my next annual report a complete picture of the Special Educational needs of the town will be given.

Mass Radiography.

In October of this year the Regional Hospital Board's Miniature Mass Radiography Unit conducted a chest X-ray survey of the 14+ age groups. A summary of the survey's findings is included in the following tables. It is hoped that similar surveys will be held at regular intervals in the future.

I should like to take this opportunity of thanking the Director of Education, his head teachers and staff for their help and co-operation with the work of the Service.

I am, Ladies and Gentlemen,

Your obedient Servant,

E.B. MEYRICK,

School Medical Officer.

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SCHOOL HYGIENE.

Annual School Painting.

During the year, the under-mentioned schools were painted:-

External only.

Danygraig.

Internal only.

Morriston Junior Boys.
Sketty.
Townhill Boys and Girls.

MEDICAL INSPECTION.

	Average No. on Register.
Primary, Secondary Modern and Nursery Schools.	19,789
Secondary Grammar and Technical.	2,825

(a) Periodic Medical Inspections.

Entrants ...	2,181
Second Age Group ...	1,274
Third Age Group ...	1,851
TOTAL ...	5,306
Other Periodic Inspections ...	6,535
GRAND TOTAL ...	11,841

(b) Other Inspections.

Special Inspections	...	3,502
Re-Inspections	...	5,725
TOTAL	...	9,227

FINDINGS OF MEDICAL INSPECTION.

Children found to require Treatment.

Number of children found, at Periodic Medical Inspections, to require treatment (excluding those suffering from Dental Disease, Malnutrition and Various Infestations).

GROUP. (1)	For Defective Vision (Excluding Squint.) (2)	For any of the other conditions. (3)	Total of individual pupils. (4)
Entrants	10	524	528
Second Age Group	67	290	337
Third Age Group	113	255	342
TOTAL ...	190	1,069	1,207
Other Periodic Inspections.	370	1,510	1,606
TOTAL ...	560	2,579	2,813

Classification of the General Condition of Pupils Inspected during the year in the Prescribed Age Groups.

AGE GROUPS	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Column 2.	No.	% of Column 2.	No.	% of Column 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,181	338	16	1,575	72	268	12
Second Age Group	1,274	234	19	870	68	170	13
Third Age Group	1,851	376	20	1,248	68	227	12
Other Periodic Inspections.	6,535	1,086	17	4,469	68	980	15
TOTAL ...	11,841	2,034	17	8,162	69	1,645	14

Classification of the General Condition of Children inspected at the Periodic Medical Inspections during the Decade 1941 - 1950.

YEAR.	Number of Children Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
1941 ...	4,319	302	7.0	2,778	64.3	1,239	28.7
1942 ...	4,786	238	5.0	3,362	70.0	1,186	25.0
1943 ...	3,495	81	2.3	1,815	52.0	1,599	45.7
1944 ...	7,945	311	3.9	5,847	73.6	1,787	22.5
1945 ...	6,768	205	3.0	5,461	80.7	1,102	16.3
1946 ...	5,606	482	8.6	4,487	79.6	637	11.8
1947 ...	5,902	634	10.7	4,531	76.8	737	12.5
1948 ...	6,612	510	7.7	5,275	79.8	827	12.5
1949 ...	14,619	2,801	19.2	9,619	65.8	2,199	15.0
1950 ...	11,841	2,034	17.0	8,162	69.0	1,645	14.0

Return of Defects found by Medical Inspection.

Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation but not requiring treatment. (5)
Skin ...	140	155	115	11
Eyes - a. Vision	560	63	44	7
b. Squint	105	36	9	1
c. Other	124	41	129	15
Ears - a. Hearing	56	15	24	5
b. Otitis Media	68	24	10	10
c. Other	34	17	77	20
Nose or Throat	660	884	286	115
Speech ...	15	26	6	2
Cervical Glands	79	131	43	76
Heart & Circulation	68	188	7	12
Lungs ...	138	250	38	22
Developmental -				
a. Hernia	7	11	-	-
b. Other	18	16	1	2
Orthopaedic -				
a. Posture	90	201	14	10
b. Flat Foot	159	49	7	2
c. Other	106	66	2	-
Nervous System -				
a. Epilepsy	5	8	3	3
b. Other	46	78	14	13
Psychological -				
a. Development	30	30	1	6
b. Stability	5	2	-	-
Other Defects or Diseases ...	701	672	565	183

TREATMENT.

CLINIC PREMISES.

The following are the premises where School Clinics are held and the description of the work carried on:-

Troed-Y-Bryn, Mount Pleasant - Central Clinic.
Minor ailments, general inspection, refraction and ear, nose and throat.

Eaton House Clinic, Eaton Crescent - Central Maternity and Child Welfare Clinic.
Tonsil and adenoid operations, dental, auxiliary, venereal diseases treatment clinic for mothers and children.

Trinity Place - Orthopaedic Clinic.
Orthopaedic treatment, including remedial exercises and surgical boot and appliance repairing.

Trinity Place - Scabies Clinic.
Cleansing.

Victoria Hall - Oystermouth.
Dental treatment.

Morfydd Street, Morriston.
Minor ailments, cleansing, general inspection, ear, nose and throat, dental and refraction.

Cwmbwrla School, Stepney Street.
Minor ailments, cleansing, general inspection, ear, nose and throat and dental.

Welwyn Lodge, Balaclava Street, St. Thomas.
Minor ailments and cleansing, general inspection.

Whitegate, Llansamlet.
Minor ailments, cleansing, general inspection.

Townhill School.
Dental treatment.

70 Mansel Street.
Dental treatment.

CLINIC ATTENDANCES.

Minor ailment	...	29,454
Verminous conditions	...	1,456
Eye	...	2,804
Dental	...	9,776
Orthopaedic	...	4,095

GROUP I - DISEASES OF THE SKIN (excluding Uncleanliness)

	Number of cases treated or under treatment during the year.	
	by the Authority.	otherwise.
Ringworm - (i) Scalp ...	13	9
(ii) Body ...	55	-
Scabies	69	-
Impetigo	611	-
Other Skin Diseases ...	503	-
TOTAL ...	1,251	9

GROUP II - EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with.	
	by the Authority	otherwise
External and other, excluding errors of refraction & squint.	-	595
Errors of refraction (including squint) ...	- ϕ	2,855
TOTAL ...	-	3,450
Number of pupils for whom spectacles were -		
(a) Prescribed ...	ϕ	697
(b) Obtained ...	ϕ	436
TOTAL ...		1,133

GROUP III - DISEASES AND DEFECTS OF EAR, NOSE & THROAT.

	Number of cases treated.	
	by the Authority	otherwise
Received operative treatment -		
(a) for diseases of the ear	-	-
(b) for adenoids and chronic tonsilitis ...	-	-
(c) for other nose and throat conditions ...	-	-
Received other forms of treatment ...	-	-
TOTAL ...	-	-

N.B. Many schoolchildren have received E.N.T. treatment at Swansea Hospital. The number of cases treated has not yet been made available to the authority.

GROUP IV - ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	62	
	by the Authority	otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	-	640

GROUP V - CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Centre.	Elsewhere.
Number of pupils treated at the Child Guidance Centre ...	31	53

ϕ Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP VI - SPEECH THERAPY.

	Number of cases treated.	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ...	5	-

GROUP VII - OTHER TREATMENT GIVEN.

	Number of cases treated.	
	by the Authority	otherwise
Miscellaneous Minor Ailments.	3,883	-

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:-		
	(a) Periodic age groups ...	5,092
	(b) Specials ...	3,408
	TOTAL (1)	8,500
(2) Number found to require treatment ...		7,967
(3) Number referred for treatment ...		5,719
(4) Number actually treated ...		5,307
(5) Attendances made by pupils for treatment		9,776
(6) Half-days devoted to -	(a) Inspection	64
	(b) Treatment	914
	TOTAL (6)	978
(7) Fillings -	(a) Permanent Teeth	4,289
	(b) Temporary Teeth	5
	TOTAL (7)	4,294
(8) Number of teeth filled	(a) Permanent Teeth	3,420
	(b) Temporary Teeth	6
	TOTAL (8)	3,426
(9) Extractions -	(a) Permanent Teeth	1,947
	(b) Temporary Teeth	6,904
	TOTAL (9)	8,851
(10) Administration of general anaesthetics for extraction ...		5,491
(11) Other operations -	(a) Permanent Teeth	973
	(b) Temporary Teeth	64
	TOTAL (11)	1,037

UNCLEANLINESS.

SCABIES.

New Cases treated at Clinics during the 10 years ending 1950.

1941	...	1,332
1942	...	2,291
1943	...	709
1944	...	1,133
1945	...	817
1946	...	467
1947	...	231
1948	...	198
1949	...	111
1950	...	404

VERMIN INFESTATION.

The School Nurses held inspections at all Departments, examining all children present.

The following is a record of the work:-

(i)	Total number of examinations in the schools by the School Nurses or other authorised persons	58,108
(ii)	Total number of individual pupils found to be infested	2,965
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,663
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-

Arrangements for Cleansing.

Verminous cases where the infestation is of more than slight degree are referred to one of the Cleansing Stations. The method of cleansing louse infested hair at the Centres is by means of Ascabiol with subsequent combing following by washing and combing at home. In uncomplicated cases, one application of Ascabiol is usually sufficient. Cases of lesser degree of infestation are given lethane oil at the Clinics for use at home and advised as to methods.

Absentees are followed up by the Health Visitors. All heavily infested children are excluded from school until they are clean.

INFECTIOUS DISEASES STATISTICS.

Number of children between the ages of 5 and 15 inclusive, notified as suffering from Infectious Diseases during the last 10 years.

- - - - - - - - - - - -

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Scarlet Fever	56	123	170	207	84	83	223	454	311	257
Diphtheria	445	193	125	60	24	2	6	1	-	-
Whooping Cough	83	77	82	80	42	65	60	127	98	65
Measles	96	359	855	235	829	12	947	164	529	507
Poliomyelitis	1	-	-	-	-	-	11	4	7	11
Tuberculosis -										
Respiratory	6	9	7	5	7	12	6	10	7	5
Non-Respiratory	9	18	16	20	18	18	19	25	9	12

MILK AND MEALS STATISTICS.

Milk.

As from 1st September, 1946, the Ministry of Education indicated that pupils in maintained Primary and Secondary Schools should receive free milk daily. In view of the supply position, however, it was decided to maintain the daily quantity available for each pupil at $\frac{1}{3}$ pint; this quantity was increased as from August, 1947 to 2/3 pint daily in the case of pupils in attendance at Nursery Schools.

Approximately 3,985,000 $\frac{1}{3}$ pint bottles of milk were supplied free to pupils in the Authority's Primary and Secondary Schools estimated to number 22,480 during the year 1950.

In a return furnished to the Ministry of Education for a day in October, 1950, it was stated that of the 20,439 pupils in attendance at the Authority's Primary and Secondary Schools, 16,756 or 78.25% were in receipt of free milk, i.e. $\frac{1}{3}$ pint daily.

Meals.

The School Meals Service now extends to all the Authority's Schools.

The following is a summary of the meals supplied by the Authority's Cooking Depots through the year:-

(1) Glamorgan Schools		49,066
(2) Swansea Primary Schools -		
Free ...	442,754	
Paid ...	740,691	1,183,445
(3) Swansea Secondary Schools -		
Free ...	152,020	
Paid ...	449,370	601,390
(4) Swansea Nursery Schools -		
Free ...	4,880	
Paid ...	27,019	31,899
		1,865,800

	1944.	1945.	1946.	1947.	1948.	1949.	1950.
(a) PRIMARY SCHOOLS:							
(1) Number of meals supplied (free)	383,540	485,888	604,857	587,821	568,345	469,911	442,754
(2) No. of meals supplied (on payment)	935,384	938,016	873,789	981,302	1,086,427	910,424	740,691
(b) SECONDARY SCHOOLS:							
(1) Number of meals supplied (free)	21,320	30,014	32,648	50,548	61,574	145,258	152,020
(2) No. of meals supplied (on payment)	130,235	144,533	163,829	285,183	337,125	483,581	449,370
(c) NURSERY SCHOOL AND W.T.N. CLASSES:							
(1) Number of meals supplied (free)	-	-	-	10,065	13,725	13,600	4,880
(2) No. of meals supplied (on payment)	75,225	69,409	68,458	30,226	29,237	28,206	27,019
(d) CANTEENS, ETC. (on payment)	8,271	9,591	19,082	20,709	7,537	-	-
(e) GLAMORGAN L.E.A. SCHOOLS (on payment)	259,326	222,127	197,388	150,797	118,944	69,101	49,066
TOTALS ...	1,813,301	1,899,578	1,960,051	2,116,651	2,222,914	2,120,081	1,865,800

THE HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICE REGULATIONS, 1945.

Categories of Handicapped Pupils.	Newly ascertained during 1950 as requiring education at Special Schools or boarding in homes.	No. from area requiring places in Special Schools at end of 1950.	No. in attendance at Special Schools as on 31st December, 1950.
BLIND PUPILS, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight	-	-	-
PARTIALLY SIGHTED PUPILS, that is to say pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.	1	1	3
DEAF PUPILS, that is to say pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.	5	7	17
PARTIALLY DEAF PUPILS, that is to say pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.	1	-	1

Categories of Handicapped Pupils.	Newly ascertained during 1950 as requiring education at Special Schools or boarding in homes.	No. from area requiring places in Special Schools at end of 1950.	No. in attendance at Special Schools as on 31st December, 1950.
DELICATE PUPILS, that is to say pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.	-	-	-
DIABETIC PUPILS, that is to say pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.	-	-	-
EDUCATIONALLY SUB-NORMAL PUPILS, that is to say pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.	37	53	2
EPILEPTIC PUPILS, that is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school.	2	2	-
MALADJUSTED PUPILS, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.	2	2	-

Categories of Handicapped Pupils.	Newly ascertained during 1950 as requiring education at Special Schools or boarding in homes.	No. from area requiring places in Special Schools at end of 1950.	No. in attendance at Special Schools as on 31st December, 1950.
PHYSICALLY HANDICAPPED PUPILS, that is to say pupils, not being pupils suffering solely from a defect of sight of hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.	-	1	-
PUPILS suffering from speech defect, that is to say pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.	-	-	-

MENTAL DEFICIENCY.

Ascertainment has proceeded on the lines outlined in previous reports and provision has remained unchanged.

Since 1928, when examination and certification of children reported by Head Teachers was systematically begun, 1,499 children have been examined, recorded on Form 306.M. and classified as:-

(1) Not backward through lack of educational capacity	...	70
(2) Dull and backward ...	...	514
(3) Mentally Defective:-		
(a) Feeble-minded but not incapable of receiving instruction in a special school	...	592
(b) Feeble-minded and incapable of receiving instruction in a special school	...	312
(c) Imbeciles ...	...	11
TOTAL	...	1,499

The number of children examined by the Certifying Officers this year was 15, classified as follows:-

(1) Not backward through lack of educational capacity ...	2
(2) Dull and backward	1
(3) Mentally Defective:-	
(a) Feeble-minded but not incapable of receiving instruction in a special school ...	5
(b) Feeble-minded and incapable of receiving instruction in a special school ...	7
TOTAL ...	15

OCCUPATION CENTRE.

The Local Health Authority provides an Occupation Centre for ineducable children but attendance is voluntary and some ineducable children continue to attend the ordinary schools.

CHILDREN AND YOUNG PERSONS ACT, 1933.

The prescribed medical reports on children under consideration by the Juvenile Court involves an assessment of mental ability.

They were dealt with in the following manner:-

	Boys.	Girls.
Approved Schools ...	14	3
Approved Hostels ...	2	-
Probation Order ...	11	-
No Action ...		
On Waiting List for Residential Special School for educationally sub-normal ...	3	-
Other Authorities ...	-	-
Committed to care of Local Authority ...	1	3

MASS MINIATURE RADIOGRAPHY.

During the period the 16th to the 27th October, 1950, a Miniature Radiography Survey of Swansea school children over 14 years of age was arranged in co-operation with the Welsh Regional Hospital Board Mass Miniature Radiography Service.

2 cases of pulmonary tuberculosis were discovered out of the 2,583 children X-rayed.

The full report was as follows:-

	GRAND TOTAL	Under 15 M.	Under 15 F.	15-24. M.	15-24. F.	TOTALS. M.	TOTALS. F.
Total Number of Persons Examined - Normal and Abnormal.	2,853	937	814	592	510	1,529	1,324
Total Number found to be Abnormal.	59 or 2.07%	21	15	15	8	36	23
Classification of Abnormal Cases:-							
(a) Definite Pulmonary Tuberculosis.	2 or 0.07%	1	1	-	-	1	1
(b) Needing further Observation for Pulmonary Tuberculosis.	2 or 0.07%	-	1	-	1	-	2
(c) Other Abnormalities of Chest.	55 or 1.93%	20	13	15	7	35	20

PHYSICAL EDUCATION.

General.

The overall picture has remained substantially the same as that outlined in previous reports.

Physical Training Lesson.

a. The Primary School. - These schools are now almost all co-educational and the pattern of the lesson follows that of the 1933 Syllabus. The mixing of sexes has resulted in some difficulties in school organisation as normally two classes are joined and re-divided into classes of boys and girls, each taken by the appropriate teacher. In those departments where there is a hall for indoor work, the problem is to cater for two full groups at one and the same time when the weather forbids outdoor activities. The solution arrived at in one or two cases is to retain mixed groups for Physical Education.

b. The Secondary Modern School. - In the main, these departments are single sexed and some portable gymnastic equipment is available. There is a commendable tendency among the semi-specialist teachers to introduce more informal methods into the gymnastic lesson with increased interest and emotional satisfaction to the pupil. The boy of this specific age and type is particularly receptive to Physical Activities and Physical Education should play a very large part in his school life. The extent of this part is limited only by facilities and teacher strength. In Swansea the teaching strength can be deemed to be virtually adequate.

c. The Secondary Grammar and Technical Schools. - There is a full-time specialist in each of these Schools, two of which have fully equipped gymnasia. One has shower bath accommodation. Bishop Gore Secondary School has modern facilities.

The chief drawback in the schools of this type is the heavy demand made by other subjects in the curriculum which does not allow as much time for Physical Education as might be desired. Particularly in the junior age groups, at least three Physical Training periods as well as organised games should be provided.

Organised Games.

With the co-operation of the Parks Department which makes playing areas available for schools, children of senior school age have a weekly organised games period and in most cases the older pupils in Primary Departments are also catered for.

Further extension of the scope of organised games is controlled by the lack in quality and quantity of facilities offered for the purpose. It is heartening, however, to be able to see, in the near future, new playing fields included in the sites for schools, both in course of erection and those still in the planning stage.

For the child's sake, it is necessary for there to be a certain amount of choice of activity to help the individual to discover his particular interest and to give him a reasonably wide experience of major games which can help him to use his leisure beneficially in his later adolescent and adult life. At the moment it is not possible to give this choice but the provision of more playing fields attached to schools will enable this aim to be achieved.

Swimming.

Classes of children attend Morriston Open Air Swimming Pool, by arrangement with the Parks Department, for swimming instruction during the short summer season. The maximum use is made of these limited facilities. 42 classes, approximately 1,100 children, are included in the timetable. Emphasis is made upon turning non-swimmers into swimmers rather than swimmers into expert performers. Transport is provided for all schools where necessary.

Physical Training Clothing.

£500 was allocated for this purpose for all schools,. 3,000 pairs of gym shoes were ordered. It is not possible to consider any provision of shirts, knickers or vests until the footwear problem is solved.

Physical Training Equipment.

The annual grant of £250 for all schools was used in the purchase of footballs.

A welcome innovation was made at the new Cadle Primary School. For years it has been accepted in Physical Education circles that Primary children need apparatus which will train them informally in climbing movements. Many types of apparatus have been devised and the Southampton climbing apparatus and the Essex agility apparatus were chosen for this new school.

It is hoped that other schools may become similarly equipped.

Athletics.

Progress is being made in boys' senior schools, all of which now hold their Annual Athletic Meetings. Techniques are being developed and, in spite of difficulties, each year shows improvement.

The Secondary Grammar and Technical Schools hold their meetings at St. Helen's Ground and some of the credit for the rapid advancement in quality at these Sports must be given to the Borough Estate Department for the admirable and accurate way in which the ground is laid out.

Youth Service.

The Organiser co-operates and advises in all matters relating to Physical Recreation.

Schools Organisations.

1. Swansea Schools Cricket League.

Thirty school teams formed the Senior Intermediate and Junior Leagues and all matches were played, in spite of the wet summer of 1950.

The winning teams were:- Senior - shared by Pentrepoeth and the Secondary Technical Schools. Intermediate - shared by Pentrepoeth and Manselton Schools. Junior - St. Joseph's.

The Town Team was beaten in the second round of the South Wales and Monmouthshire Schools Cricket Association Competition, winning against Aberdare and losing to Neath in a splendid game.

This League is now flourishing and is soundly organised. It is understood that more schools would enter teams if cricket equipment were more easily available.

2. Swansea Schools Rugby Union.

The three sections, Senior, Intermediate and Junior, of this Union catered for 28 teams and nearly 400 inter-school games were arranged and played. The Grammar School A. team won the Senior Competition. The Intermediate Section - top place was shared by Oxford Street, Grammar School C. and Townhill, and the Junior won by Terrace Road.

The Town Team, although not successful in the Welsh Schools Dewar Shield Competition, played 11 matches with representative sides.

3. Swansea Schools Association League.

The League now comprises 60 teams from Swansea schools and includes and sponsors an eight team league of school teams drawn from the Pontardulais area, thus catering for nearly 800 boys.

The championships were gained by Pentrepoeth in Division I, Pentrepoeth in Division II in the Seniors, St. Joseph's in the Intermediate and St. Joseph's in the Junior.

In addition, the League's representative Town Team enjoyed outstanding successes in the National Competitions, winning the Welsh Shield for the fourteenth and the English Trophy for the second time. The Mayor of Swansea entertained team and officials.

This record was achieved only after much hard work and improvisation in making fixtures. For instance, nine school teams from the Manselton area using Cwmbwrla Park as their home ground have only two pitches on which to play.

The splendid work of the teachers in these Boys' Games Leagues is ungrudgingly done year in and year out, and the successes are almost entirely due to their unselfish and untiring efforts.